

Name  
in  
Full

Elizabeth Aberle  
Town

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at

Cumuld

County

Alleg

MARYLAND

Date

of death

1909

Month

Oct

Day

3

Age

Years

76

Months

Days

Sex

Female

Color or  
Race

White

Birth-  
place

Germany

Occupation

Housekeeper

Where Residing if not  
at place of death

Married, Single  
or Widowed

Widowed

Name of Wife or  
Husband

Mathias Aberle

Father's  
Name

John Martin

Father's  
Birthplace

Germany

Mother's  
Maiden Name

Don't know

Mother's  
Birthplace

Germany

Name of person giving  
Information

Frank Aberle

How related  
to deceased

Son

CAUSES OF DEATH

41

Primary

Cancer of intestine (caecum)

How long

2 yrs

Immediate

Exhaustion

How long

weeks

Are the name, age, sex, color, date  
and place correctly given above?

yes

Signature of  
Physician

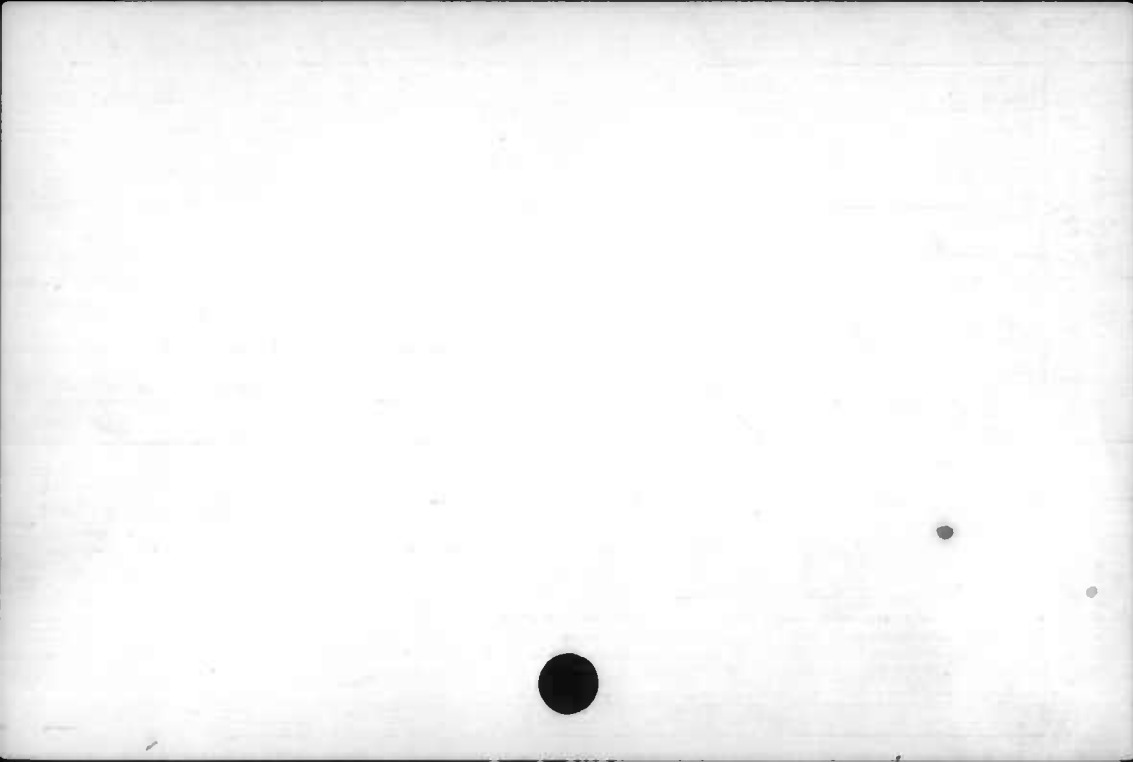
J. H. Lockman

Address

Cumuld Md.

PHYSICIAN  
OR CORONER

Accident or Suicide



Name  
in Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

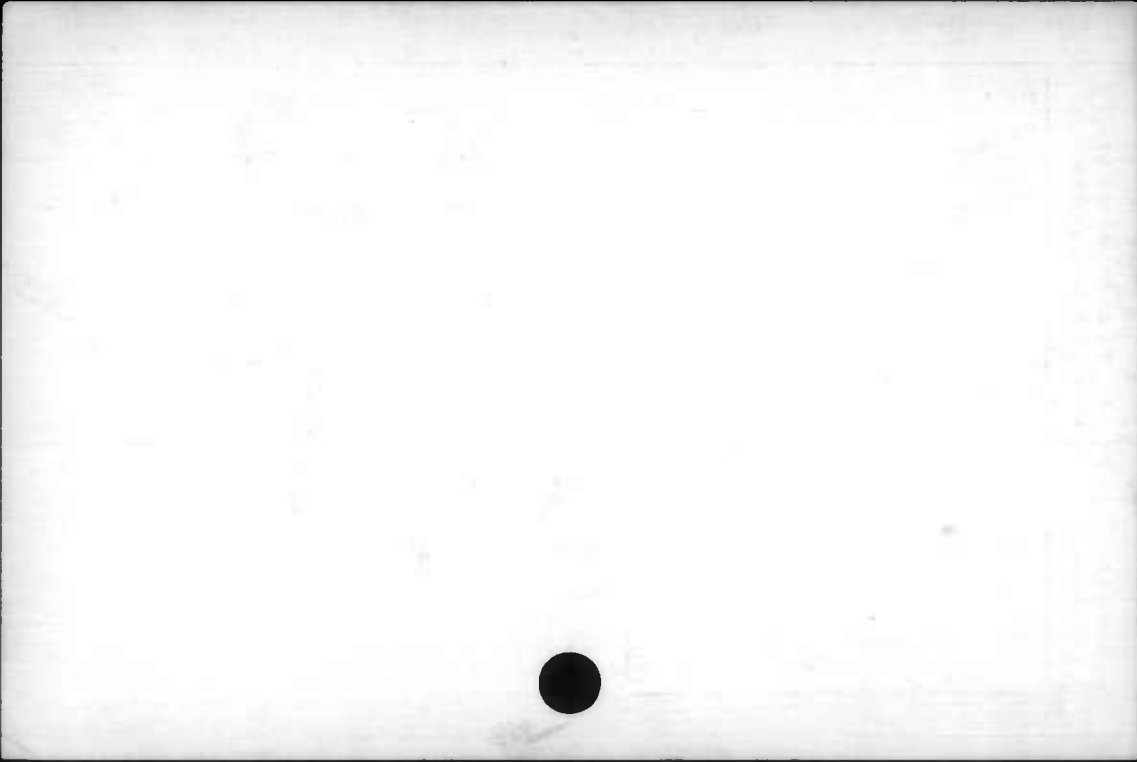
Died at		Town		County		MARYLAND	
Date of death		Month	Day	Years	Months	Days	
1909		Oct	26	Age 70	2	—	
Sex	Female	Color or Race	White		Birth-place	Bavaria	
Occupation	Housekeeper		Where Residing if not at place of death				
Married, Single or Widowed	Married		Name of Wife or Husband				
Wm Backhaus							
Father's Name	Walt. Walters				Father's Birthplace	Bavaria Ger	
Mother's Maiden Name	Eva Rausch				Mother's Birthplace	" "	
Name of person giving information	Miss Backhaus				How related to deceased	Daughter.	

CAUSES OF DEATH

79

PHYSICIAN  
OR CORONER

Primary	Organic Heart Disease	How long	Several years
Immediate	Heart Failure	How long	Sudden
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	Thos. H. Todd
Address	Stems	Address	Cumberland
Accident or Suicide			med



Name  
in  
Full

*B. C. Beck*

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Disd at		Town <i>Cumulusburg</i>		County <i>Allegheny</i>		MARYLAND	
Date of death		1909	Month <i>Oct.</i>	Day <i>20</i>	Age <i>34</i>	Months <i>— 11</i>	Days <i>—</i>
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place			
Occupation <i>Blacksmith</i>		Where Residing if not at place of death <i>65 Valley St.</i>					
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Cook</i>					
Fether's Name <i>Fredrick Beck</i>		Father's Birthplace <i>Germany</i>					
Mothar's Maiden Nms <i>Sophia Krötterger</i>		Mother's Birthplace <i>Germany</i>					
Name of person giving Information <i>Geo. Beck</i>		How related to deceased <i>Bro.</i>					

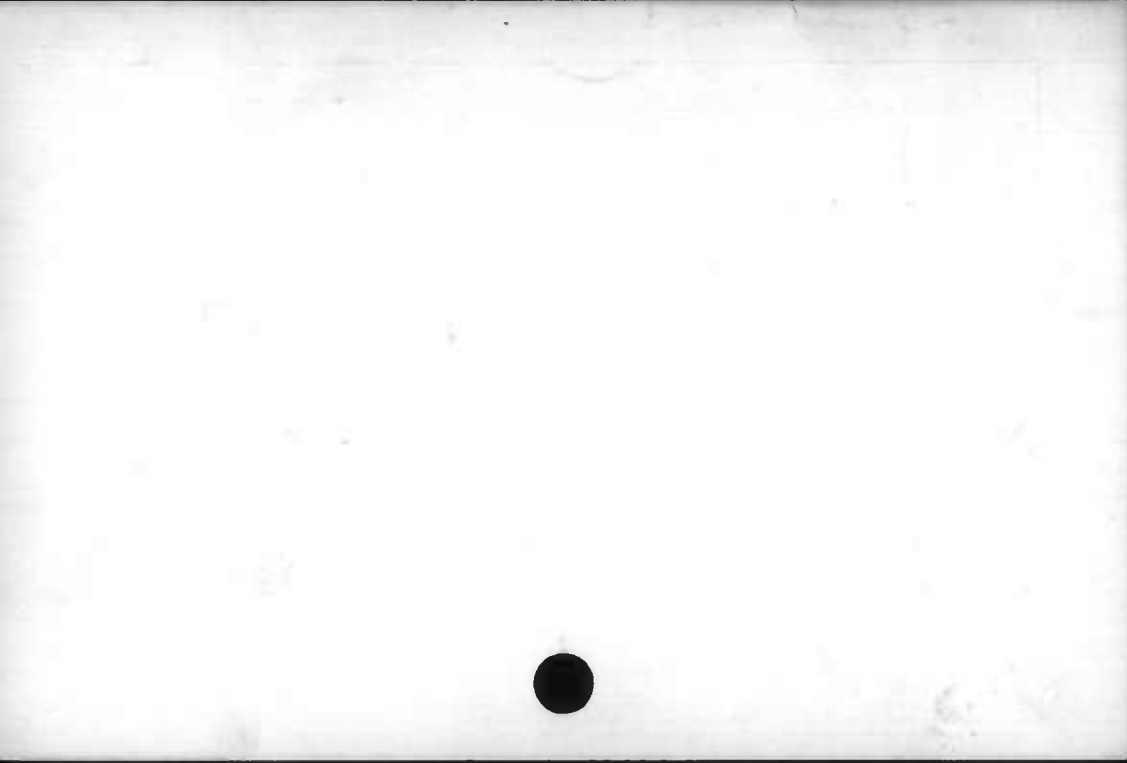
CAUSES OF DEATH

*61*

✓

PHYSICIAN  
OR CORONER

Primary <i>Meningitis Meningitis</i>		How long <i>1 Week</i>	
Immediate <i>Exhaustion &amp; Heart failure</i>		How long <i>—</i>	
Are the nms, age, sex, color, date and place correctly given above?		Signature of Physician <i>T. B. McDonald</i>	
<i>Stem</i>		Address <i>McDonald</i>	
Accident or Suicide		<i>no</i>	



Name  
in  
Full

CERTIFICATE OF DEATH

Robert Leo Birmingham

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town Cumberland		County Alleg.		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1909		Oct.	7	—	—	3	—
Sex	Male	Color or Race	White		Birth-place	Cumd.	
Occupation	None			Where Residing if not at place of death			
Married, Single or Widowed	Single		Name of Wife or Husband		None		
Father's Name	John T Birmingham				Father's Birthplace	Balto Md.	
Mother's Maiden Name	Jimmie Flanagan				Mother's Birthplace	England	
Name of person giving Information	John Birmingham				How related to deceased	Father	

## CAUSES OF DEATH

105

PHYSICIAN  
OR CORONER

Primary	Gastro Enteritis	How long	On mouth
Immediate	Exhaustion	How long	2 hrs.
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Yes.		E. B. McDaniel.	
Address		Cumberland Md.	
Accident or Suicide			





Name  
in  
Full

*infant Brashear*

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at *Cumberland* Town *Alleg.* County *MARYLAND*  
Date of death 1909 *Oct.* Month *18* Day Age *—* Years *—* Months *—* Days  
Sex *male* Color or Race *White* Birth-place *Cumberland*  
Occupation *none* Where Residing if not at place of death *—*  
Married, Single or Widowed *Single* Name of Wife or Husband *none*  
Father's Name *Henry A Brashears* Father's Birthplace *md*  
Mother's Maiden Name *Eary Rodick* Mother's Birthplace *W. Va.*  
Name of person giving Information *Henry A Brashears* How related to deceased *Father*

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary *Still born*

How long *2* *✓*

Immediate

How long *—*

Are the name, age, sex, color, date and place correctly given above?

*Yes*

Signature of Physician

*W. C. L. Owens*  
*Cumberland*  
*md*

Address

Accident or Suicide

15 and over

33

Name  
in  
Full

Infant Mr & Mrs S. R. Brant

CERTIFICATE OF DEATH

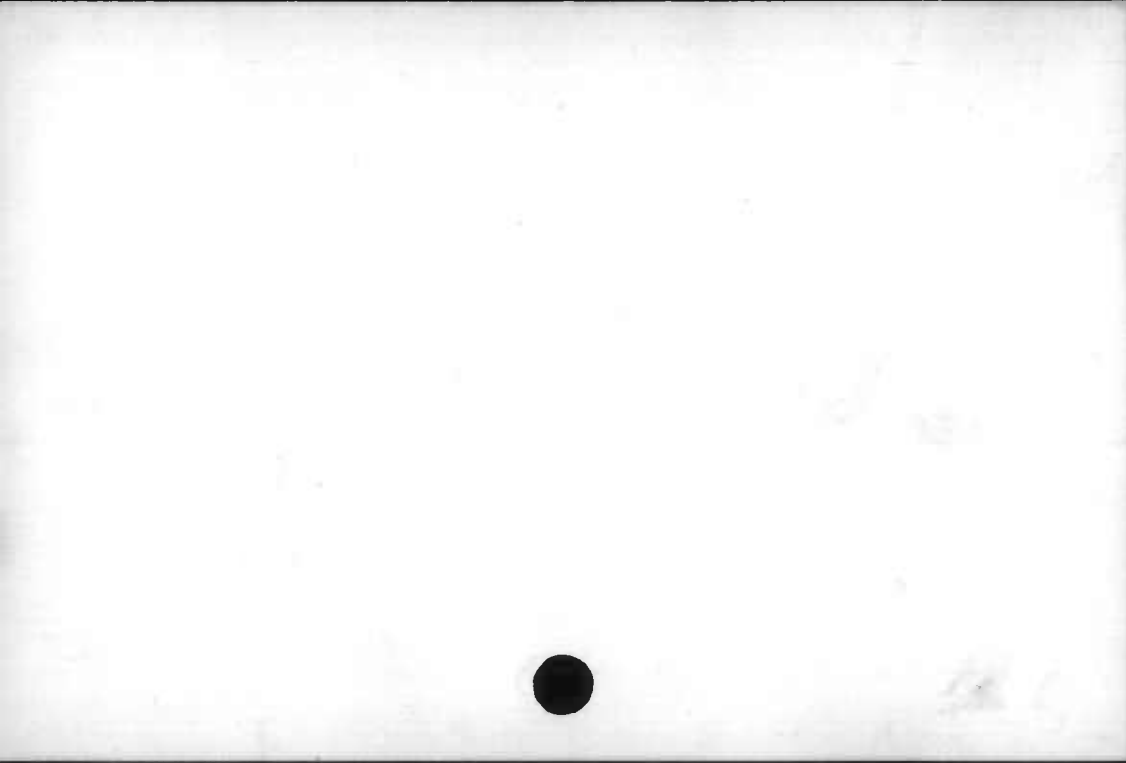
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <sup>Town</sup> Cumberland <sup>County</sup> Allegany MARYLAND  
Date of death 1909 <sup>Month</sup> Dec <sup>Day</sup> 26 <sup>Age</sup> <sup>Years</sup> <sup>Months</sup> <sup>Days</sup> 1 hour  
Sex Male Color or Race White Birth-place Cumberland  
Occupation 5 1/2 mo. fetus Where Residing if not at place of death  
Married, Single or Widowed Name of Wife or Husband  
Father's Name Stanley Reese Brant Father's Birthplace Cumb'd. Md.  
Mother's Maiden Name Mary T. Twigg Mother's Birthplace Cumb'd Md.  
Name of person giving Information Mary T. Twigg How related to deceased mother.

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary Premature birth How long  
Immediate asphyxia How long 1 hour  
Are the name, age, sex, color, date and place correctly given above? Yes  
Signature of Physician William R. Toard M.D.  
Address 109 Virginia Ave., Cumberland Md.  
Accident or Suicide



Name  
in  
Full

Infant Mr & Mrs G H Brockey

CERTIFICATE OF DEATH

Died at Cumtland <sup>Town</sup> Allegheny <sup>County</sup> **MARYLAND**  
 Date of death 190 9 <sup>Month</sup> Oct. <sup>Day</sup> 29 Age — <sup>Years</sup> — <sup>Months</sup> — <sup>Days</sup> 4  
 Sex Female Color or Race White Birth-place Cumtland  
 Occupation None Where Residing if not at place of death —

Married, Single or Widowed Single Name of Wife or Husband None  
 Father's Name George H. Brockey Father's Birthplace Cumtland  
 Mother's Maiden Name Missouri Humbertson Mother's Birthplace Frostburg Md  
 Name of person giving Information Geo. H. Brockey How related to deceased Father

CAUSES OF DEATH

72

Primary Tetanus How long 4 P hours  
 Immediate Exhaustion How long —

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

J. H. Lochman

Address

Cumtland

Md

Accident or Suicide

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

22 Pulasky St.

Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIENDName *Helene Gertrude Brown*  
Town *Amud.* County *Alleg*

MARYLAND

Died at *Amud.*  
Date of death 1909 *Oct* *31* Age *2*  
Month Day Year Months DaysSex *Female* Color or Race *White* Birth-place *Md*  
Occupation *none* Where Residing if not at place of death *—*Married, Single or Widowed *Single* Name of Wife or Husband *none*Father's Name *Clinton Brown* Father's Birthplace *Va*Mother's Maiden Name *Mary Madden* Mother's Birthplace *Md*Name of person giving Information *Clinton Brown* How related to deceased *Father*

## CAUSES OF DEATH

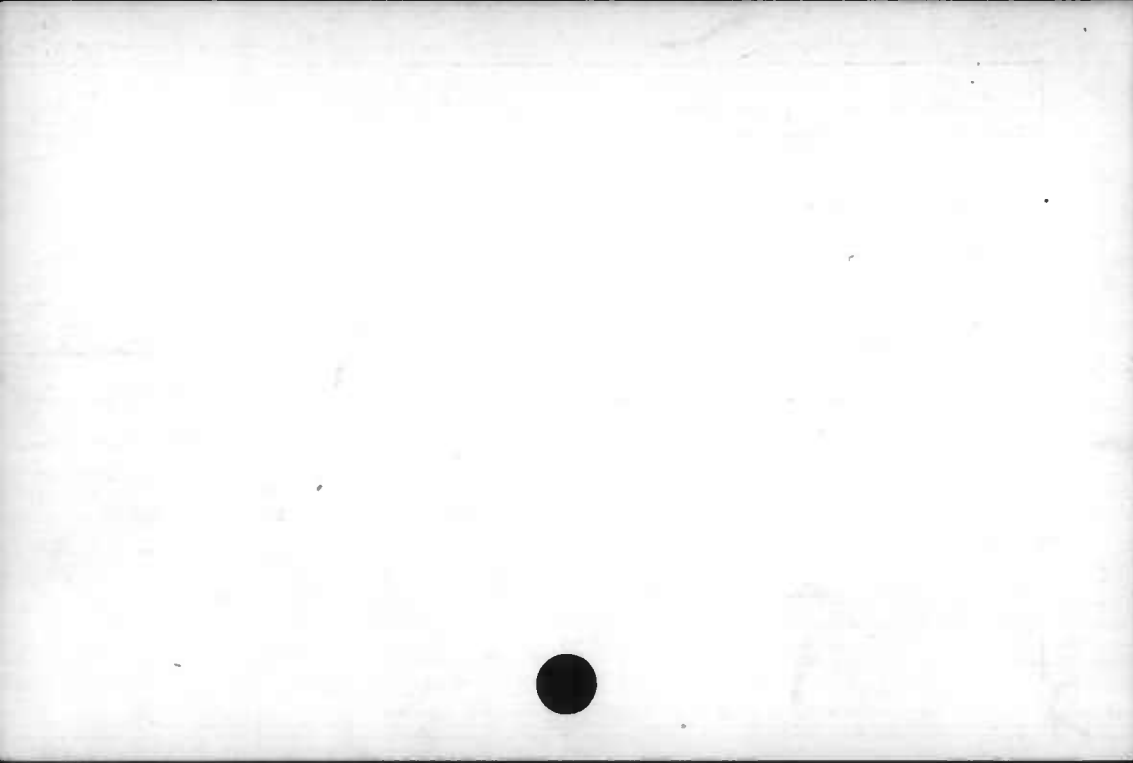
106

✓

Primary *Enterocolitis* How long *8 mos*Immediate *& reaction* How long *—*Are the name, age, sex, color, date and place correctly given above? *yes*Signature of Physician *Thos. A. Swan**Still*Address *Amud. Ind*  
*Brown*

Accident or Suicide

PHYSICIAN  
OR CORONER





Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at Oldtown <sup>town</sup> Alleg. <sup>County</sup> MARYLAND  
 Date of death 1909 <sup>Month</sup> Oct. <sup>Day</sup> 24 <sup>Year</sup> about 40 <sup>Months</sup> — <sup>Days</sup> —  
 Sex Male Color or Race White. Birth-place D.K.  
 Occupation Lumberman Where Residing if not at place of death —  
 Married, Single or Widowed D.K. Name of Wife or Husband D.K.  
 Father's Name Unknown Father's Birthplace D.K.  
 Mother's Maiden Name — Mother's Birthplace —  
 Name of person giving information Kelb Lumber Co How related to deceased —

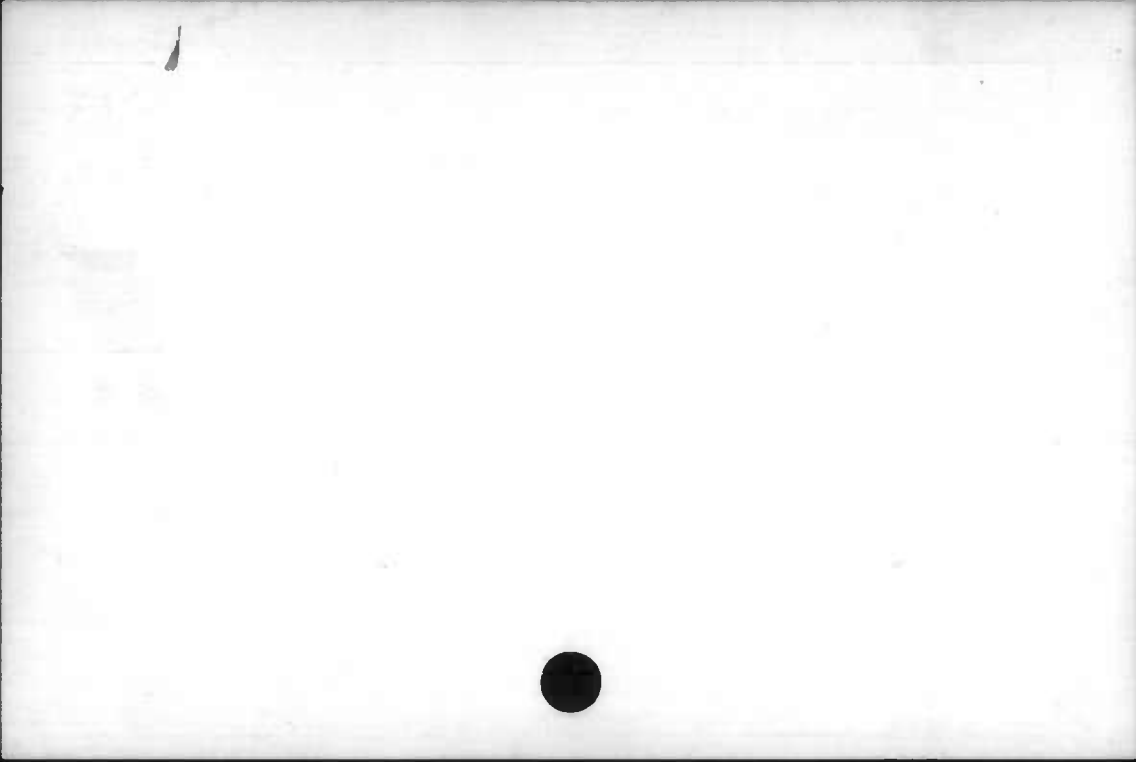
CAUSES OF DEATH

166

V

PHYSICIAN  
OR CORONER

Primary Ran over by B+O train How long Immediate  
 Immediate Exhaustion How long —  
 Are the name, age, sex, color, date and place correctly given above? Yes. Signature of Physician Coroner  
Stine. Address John J. Dressman  
— Englewood, Md  
 Accident or Suicide



Name  
in  
Full

## CERTIFICATE OF DEATH

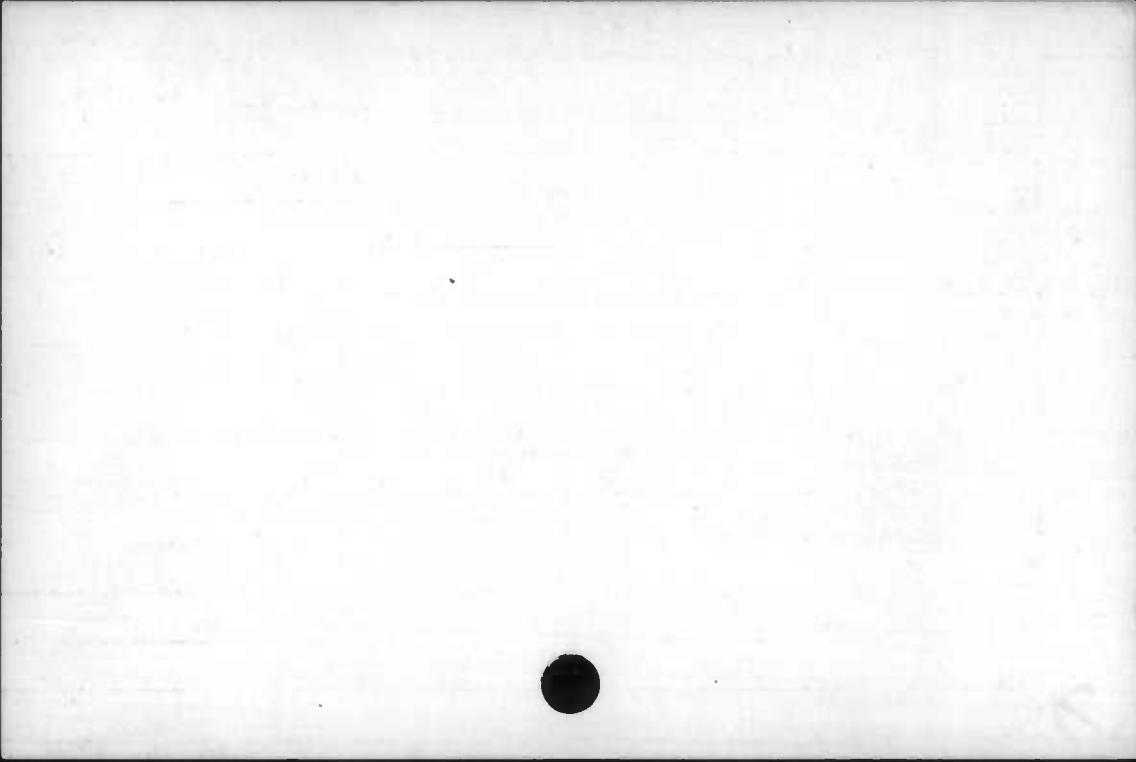
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Prothom</u> Town		<u>Ally</u> County		MARYLAND	
Date of death <u>1909 Oct 18</u>	Month <u>Oct</u>	Day <u>18</u>	Age <u>45</u> Years	Months	Days
Sex <u>Female</u>	Color or Race <u>White</u>		Birth place <u>Washington Grove</u>		
Occupation <u>None</u>	Where Residing if not at place of death <u>Washington Grove</u>				
Married, Single or Widowed <u>Single</u>	Name of Wife or Husband				
Father's Name <u>Timothy Cavanaugh</u>	Father's Birthplace <u>Ireland</u>				
Mother's Maiden Name <u>Ellen Murphy</u>	Mother's Birthplace <u>W-D</u>				
Name of person giving information <u>John Cavanaugh</u>	How related to deceased <u>Cousin</u>				

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <u>Tuberculosis</u>	How long <u>Several Years</u>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>J. L. Conway</u>
	Address <u>Prothom Md</u>
Accident or Suicide?	



Name  
in  
Full

*Lusalia Coloin*

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at *Cumby* *acc gang* **MARYLAND**  
 Date of death 190 *9* *10* *9* Months *3* Days *14*  
 Sex *Female* Color or Race *White* Birth-place *md*  
 Occupation \_\_\_\_\_ Where Residing if not at place of death \_\_\_\_\_

Married, Single or Widowed *Single* Name of Wife or Husband *None*  
 Father's Name *Leo Colain* Father's Birthplace *W Va*  
 Mother's Maiden Name *Alis McDaniel* Mother's Birthplace *W Va*  
 Name of person giving information *Leo Colain* How related to deceased *Father*

CAUSES OF DEATH

**105**

PHYSICIAN  
OR CORONER

Primary *Chronic Gastro Enteritis* How long *since birth*  
 Immediate *Exhaustion* How long *3 days*  
 Are the name, age, sex, color, date and place correctly given above? *yes* Signature of Physician *Dr C. L. Owens*  
 Address *Cumberland Md*  
 Accident or Suicide *no*

Onco



Name  
in  
Full

Peter P Copeland

CERTIFICATE OF DEATH

Died at Cumberland Allegany MARYLAND

Date of death 1909 Oct. 31 Age 39 8 Months Days

Sex male Color or Race White Birth-place MD

Occupation R.R. Conductor Where Residing if not at place of death MD

Married, Single or Widowed Married Name of Wife or Husband Ethel J. Darr

Father's Name J. W. Copeland Father's Birthplace MD

Mother's Maiden Name Rebecca Myers Mother's Birthplace MD

Name of person giving Information Ethel J. Copeland How related to deceased Wife

CAUSES OF DEATH

166

Primary Railroad accident How long 3 hours

Immediate Intestinal hemorrhage How long 1 hour

Are the name, age, sex, color, date and place correctly given above? Yes Signature of Physician William H. Frazier MD

J. Schrein Address 109 Va. Ave.

Accident or Suicide Force

4 Chilodrom  
13 4 inch



Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

**Name** James Cornelious  
**Town** Cumberland  
**County** Allegany  
**State** MARYLAND

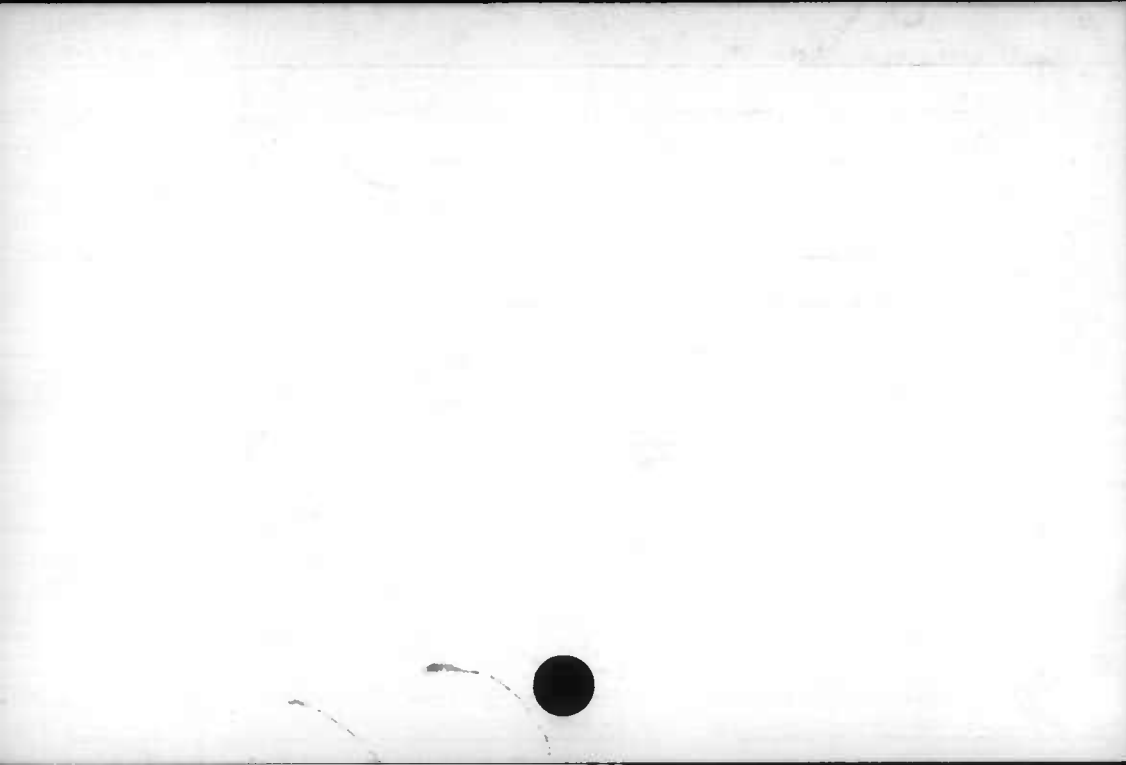
**Date of death** 1909 10 24 **Age** 60  
**Sex** Male **Color or Race** White **Birth place** Pa  
**Occupation** R.R. Engineer **Where Residing if not at place of death** Brunswick  
**Married, Single or Widowed** Married **Name of Wife or Husband** Anna Cornelious  
**Father's Name** Joseph Cornelious **Father's Birthplace** Unknown  
**Mother's Maiden Name** Annie Kethley **Mother's Birthplace** Saxons Pa  
**Name of person giving Information** Louis H Cornelious **How related to deceased** Son

CAUSES OF DEATH

**Primary** Nephritis  
**Immediate** Syncope  
**Are the name, age, sex, color, date and place correctly given above?** Yes.  
**Signature of Physician** [Redacted]  
**Address** [Redacted]  
**Signature of Coroner** John J. Pressman  
**Accident or Suicide** [Redacted]

PHYSICIAN  
OR CORONER

120



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Pauline Crowe  
 Died at Frostburg Town Ally County  
 Date of death 1909 Oct 13 13 7  
 Sex Female Color or Race White Birth-place Frostburg  
 Occupation \_\_\_\_\_ Where Residing if not at place of death \_\_\_\_\_

Married, Single  
or WidowedName of Wife or  
HusbandFather's  
NameFather's  
BirthplaceMother's  
Maiden NameMother's  
BirthplaceName of person giving  
In formationHow related  
to deceased

## CAUSES OF DEATH

How long

PHYSICIAN  
OR CORONER

Primary

Immediate

Are the name, age, sex, color, date  
and place correctly given above?Signature of  
Physician

Address

Accident or Suicide?

German Leather  
J. J. & W. Co

Name  
in  
Full

David R Crowl

CERTIFICATE OF DEATH

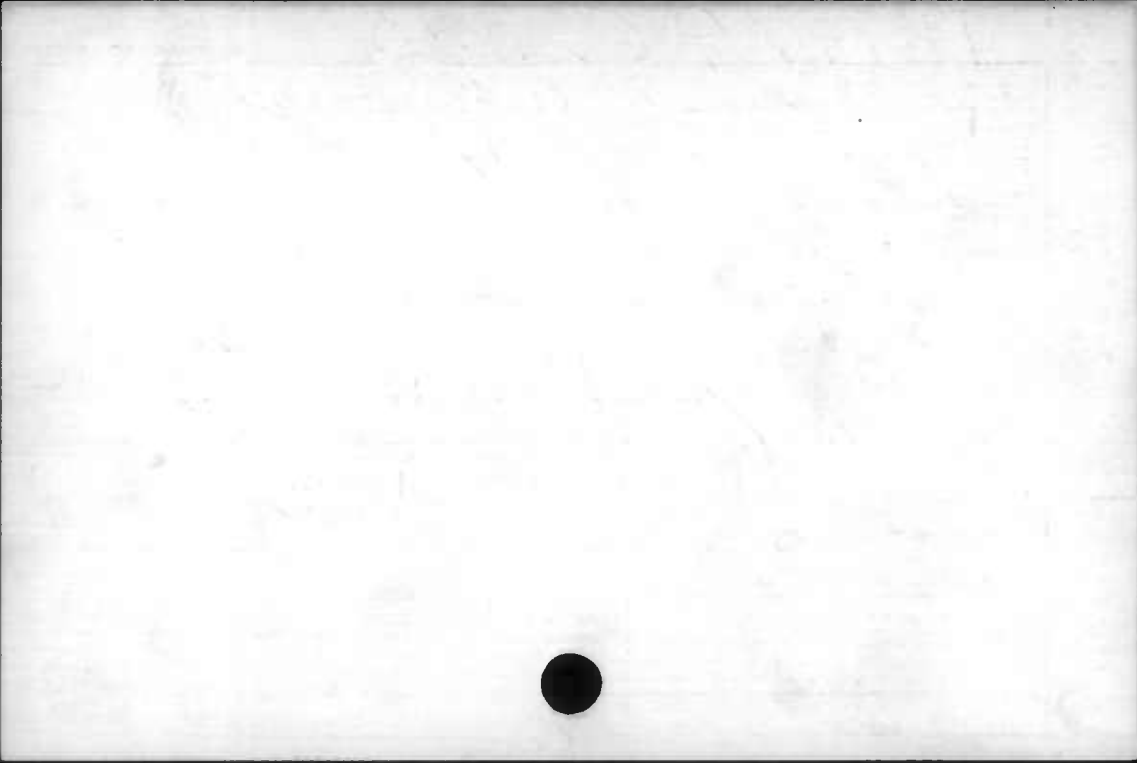
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Cumberland</i> <small>town</small>		<i>alligany</i> <small>County</small>		MARYLAND	
Date of death 190 <i>9</i> <small>Month</small> <i>10</i> <small>Day</small> <i>3</i>		Age <i>47</i> <small>Years</small>		<i>1</i> <small>Months</small> <i>1</i> <small>Days</small>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>md</i>	
Occupation <i>Labor</i>		Where Residing if not at place of death <i>Baranough Salon</i>			
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>None</i>			
Father's Name <i>Samuel</i>		Father's Birthplace <i>W Va</i>			
Mother's Maiden Name <i>Amanda Finkler</i>		Mother's Birthplace <i>W Va</i>			
Name of person giving Information <i>Robert Craupus</i>		How related to deceased <i>Bro</i>			

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Alcoholism</i>	<i>56</i> <small>How long</small>	<i>Several years</i>
Immediate	<i>Asphyxiation</i>	<i>How long</i>	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>Coroner</i>	
		Address <i>John E. Dressman</i>	
Accident or Suicide		<i>Cumb'd, Md</i>	



Name  
in  
Full

Catherine W. Davis

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1909		Oct.	5-	61	6	22	
Sex		Color or Race		Birth-place			
Female		White		Germany			
Occupation		Where Residing if not at place of death					
Married, Single or Widowed		Name of Wife or Husband					
Married		Christopher Davis					
Father's Name		Father's Birthplace					
Unknown		Unknown					
Mother's Maiden Name		Mother's Birthplace					
Unknown		Unknown					
Name of person giving information		How related to deceased					
Christopher D. Davis		Son					

## CAUSES OF DEATH

64

PHYSICIAN  
OR CORONER

Primary	How long
Endocarditis and nephritis	2 years
Immediate	How long
Cerebral hemorrhage	2 1/2 hours
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician
Yes	J. C. Cohen
	Address
	Friston, Pa.
Accident or Suicide?	
No	

J. Hafner,  
Allegany



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name *James R. Day* County *Alley*  
Died at *Frostburg* Maryland  
Date of death *1909 Oct - 30* Age *54* Months *10* Days *20*  
Sex *M* Color or Race *W* Birth-place *Wales*  
Occupation *Merchant* Where Residing if not at place of death \_\_\_\_\_  
Married, Single or Widowed \_\_\_\_\_ Name of Wife or Husband *Elizabeth Arthur*  
Father's Name *Richard Day* Father's Birthplace *Wales*  
Mother's Maiden Name *Sara Day* Mother's Birthplace *Wales*  
Name of person giving information *Joseph Kirby* How related to deceased *Son in Law*

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary *Chronic Inert-Myocarditis* How long *Some time*  
Immediate *Coma* How long *2 days*  
Are the name, age, sex, color, date and place correctly given above? *Yes* Signature of Physician *J. Griffiths*  
Address *Frostburg Md.*  
Accident or Suicide? ☒

F. F. & M. Co.

Mr. Glucke

Name  
in  
Full

Mary Feldman

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town <i>Exhant</i>		County <i>allegany</i>		MARYLAND	
Date of death		Month <i>9 oct</i>	Day <i>7</i>	Age	Years <i>66</i>	Months <i>8</i>	Days <i>16</i>
Sex	<i>Female</i>		Color or Race	<i>White</i>		Birth-place	<i>in Cumberland Md</i>
Occupation	<i>Housewife</i>		Where Residing if not at place of death <i>Exhant.</i>				
Married, Single or Widowed	<i>Widow</i>		Name of Wife or Husband	<i>Peter Feldman (deceased)</i>			
Father's Name	<i>Patrick Farney</i>				Father's Birthplace	<i>Ireland</i>	
Mother's Maiden Name	<i>Ann Gairnor</i>				Mother's Birthplace	<i>Ireland</i>	
Name of person giving Information	<i>Jos Feldman</i>				How related to deceased	<i>Son</i>	

## CAUSES OF DEATH

Primary	<i>Cerebral Hemorrhage</i>	How long	<i>10 days</i>
Immediate	<i>Recurrent Hemorrhage</i>	How long	<i>3 hours</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>J C Holdsworth</i>	
<i>yes</i>		Address <i>Exhant Md</i>	

PHYSICIAN  
OR CORONER

Accident or Suicide

J. Hafer.  
Catholic Cemetery.

Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name in Full *Albert J. Fowler* County *Cecceaugay* MARYLAND

Died at *Cumberland* Date of death *1909* *10* *20* Age *52* - Months *-* Days *-*

Sex *Male* - Color or Race *White* Birth-place *Catonsville*

Occupation *Salesman* Where Residing if not at place of death *-*

Married, Single or Widowed *Married* Name of Wife or Husband *Edythe Edwards*

Father's Name *Robert J. Fowler* Father's Birthplace *Montgomery Co*

Mother's Maiden Name *Susanne Reedy* Mother's Birthplace *Keedysville*

Name of person giving Information *Edythe Edwards* How related to deceased *Wife*

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

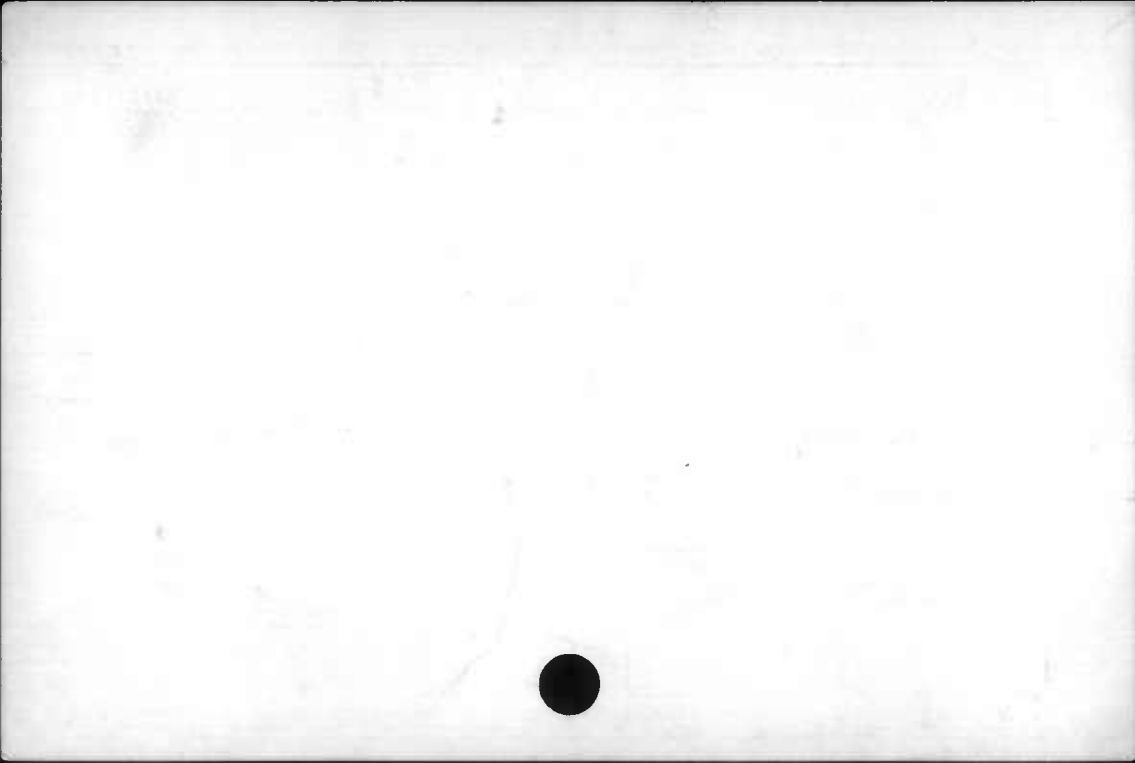
Primary *Alcoholism* How long *(56)* *(7)*

Immediate *Heart failure* How long *Infant*

Are the name, age, sex, color, date and place correctly given above? *yes* Signature of Physician *James J. Shupen*

Address *Cumberland, Md*

Accident or Suicide *X*



Name  
in  
Full

M. R. Fortwell

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Ambarland</u> <sup>Town</sup>		<u>Allegheny</u> <sup>County</sup>		MARYLAND	
Date of death	1909	Month	Oct	Day	18
Age		28		Months	
Sex	Male	Color or Race	white	Birth-place	Rowlsburg
Occupation	Brakeman		Where Residing if not at place of death <u>Rowlsburg</u>		
Married, Single or Widowed	Single		Name of Wife or Husband		
Father's Name	Richard Fortwell		Father's Birthplace <u>Rowlsburg</u>		
Mother's Maiden Name	Edwina " "		Mother's Birthplace " "		
Name of person giving Information	G. W. Fortwell		How related to deceased <u>Brother</u>		

CAUSES OF DEATH

166

PHYSICIAN  
OR CORONER

Primary	<u>R.R. Accident</u>		How long	<u>1 hour</u>
Immediate	<u>Cerebral hemorrhage</u>		How long	<u>1 hour</u>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician		
yes		<u>J. M. Spear</u>		
Address		<u>Ambarland, Md.</u>		
Accident or Suicide		<u>Rowlsburg Md</u>		





Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Frostburg</i> <sup>Town</sup>		<i>Alleghany</i> <sup>County</sup>		MARYLAND	
Date of death	<i>1909</i>	Month	<i>Oct</i>	Day	<i>12</i>
Age	<i>70</i>	Years	<i>70</i>	Months	<i>—</i>
Sex	<i>Male</i>	Color or Race	<i>White</i>	Birth-place	<i>Ireland</i>
Occupation	<i>Miner</i>		Where Residing if not at place of death <i>—</i>		
Married, Single or Widowed	<i>Widower</i>	Name of Wife or Husband <i>Mary Boyle</i>			
Father's Name	<i>Peter Gallagher</i>			Father's Birthplace	<i>Ireland</i>
Mother's Maiden Name	<i>Bridget Boyle</i>			Mother's Birthplace	<i>Ireland</i>
Name of person giving information	<i>Hugh Gallagher</i>			How related to deceased	<i>Son</i>

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Chronic Bronchitis</i>	How long	<i>15 years</i>
Immediate	<i>Edema of the lungs</i>	How long	<i>2 days</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<i>yes</i>		<i>D. A. R. Stalker</i>	
		Address	
		<i>Frostburg</i>	
Accident or Suicide? <i>—</i>			

A. Spier.  
Catholic Cemet.

Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

*Fredrick Gazenhausner*  
Town *Chamberland* County *Allegheny*

MARYLAND

Died at *Chamberland* *Allegheny*

Date of death 1909 *Oct* *30* Age *30*

Months *—* Days *—*

Sex *Male* Color or Race *White* Birth-place *Germany*

Occupation *Brakeman* Where Residing if not at place of death *—*

Married, Single or Widowed *Single* Name of Wife or Husband *None*

Father's Name *Henry Gazenhausner* Father's Birthplace *Germany*

Mother's Maiden Name *Lizzie Miller* Mother's Birthplace *"*

Name of person giving Information *Henry Gazenhausner* How related to deceased *Bro.*

CAUSES OF DEATH

*104*

Primary *Acute Gastritis* How long *1 week*

Immediate *Exhaustion* How long *3 days*

Are the name, age, sex, color, date and place correctly given above?

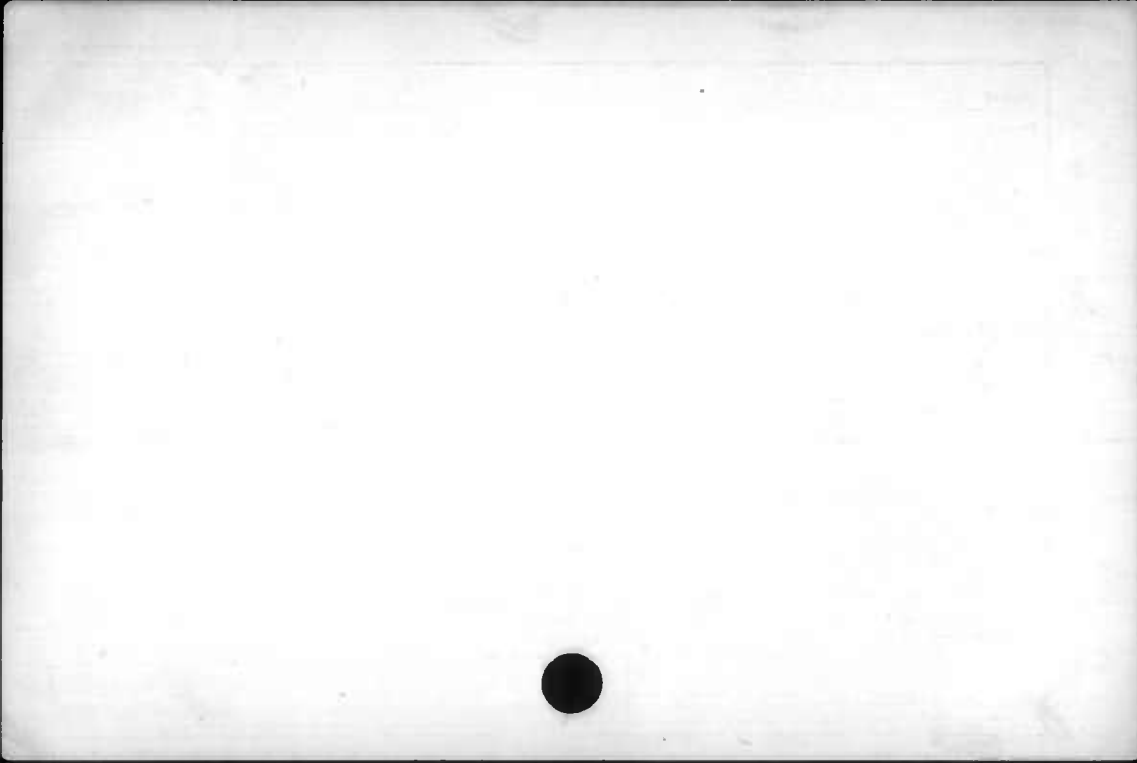
Signature of Physician *William H. Ford M.D.*

Address *109 Virginia Ave  
Chamberland Md*

*Steve*

Accident or Suicide

PHYSICIAN  
OR CORONER



Name

in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town <i>Frostburg</i>		County <i>Allegany</i>		MARYLAND	
Date of death	1909	Month <i>Oct</i>	Day <i>24</i>	Age <i>60</i>	Years	Months <i>8</i>	Days <i>24</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth- place <i>Frostburg, W. Va.</i>				
Occupation <i>Laborer</i>	Where Residing if not at place of death						
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Laura Girkens</i>						
Father's Name <i>Joseph Girkens</i>	Father's Birthplace <i>Germany</i>						
Mother's Maiden Name <i>Rebecca Hammill</i>	Mother's Birthplace <i>Oakland</i>						
Name of person giving Information <i>Wm. Girkens</i>	How related to deceased <i>Son</i>						

## CAUSES OF DEATH

40

PHYSICIAN  
OR CORONER

Primary <i>Carcinoma of stomach</i>	How long <i>Several months</i>
Immediate <i>Cyanosis</i>	How long <i>Short time</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>J. C. Cobley</i>
	Address <i>Frostburg, Md.</i>
Accident or Suicide? <i>No</i>	

Percy Cemetery -  
J. J. & Co

Name  
in Full

*Mrs. Amanda Hendrickson*

CERTIFICATE OF DEATH

Died at *Pleasant Grove* *Allegheny* County

MARYLAND

Date of death *1909* *10* *14* Age *72* Months *—* Days *—*

Sex *Female* Color or Race *White* Birth-place *Md.*

Occupation *Housewife* Where Residing if not at place of death

Married, Single or Widowed *Married* Name of Wife or Husband *Thomas Hendrickson*

Father's Name *Thomas Surfer* Father's Birthplace *Md.*

Mother's Maiden Name *Amanda Stall* Mother's Birthplace *Md.*

Name of person giving Information *Mrs. Nave* How related to deceased *Daughter,*

CAUSES OF DEATH

*120*

Primary *Chronic Bright's Disease* How long *4 yrs.*

Immediate *Exhaustion* How long *2 mo.*

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *J. J. ...*

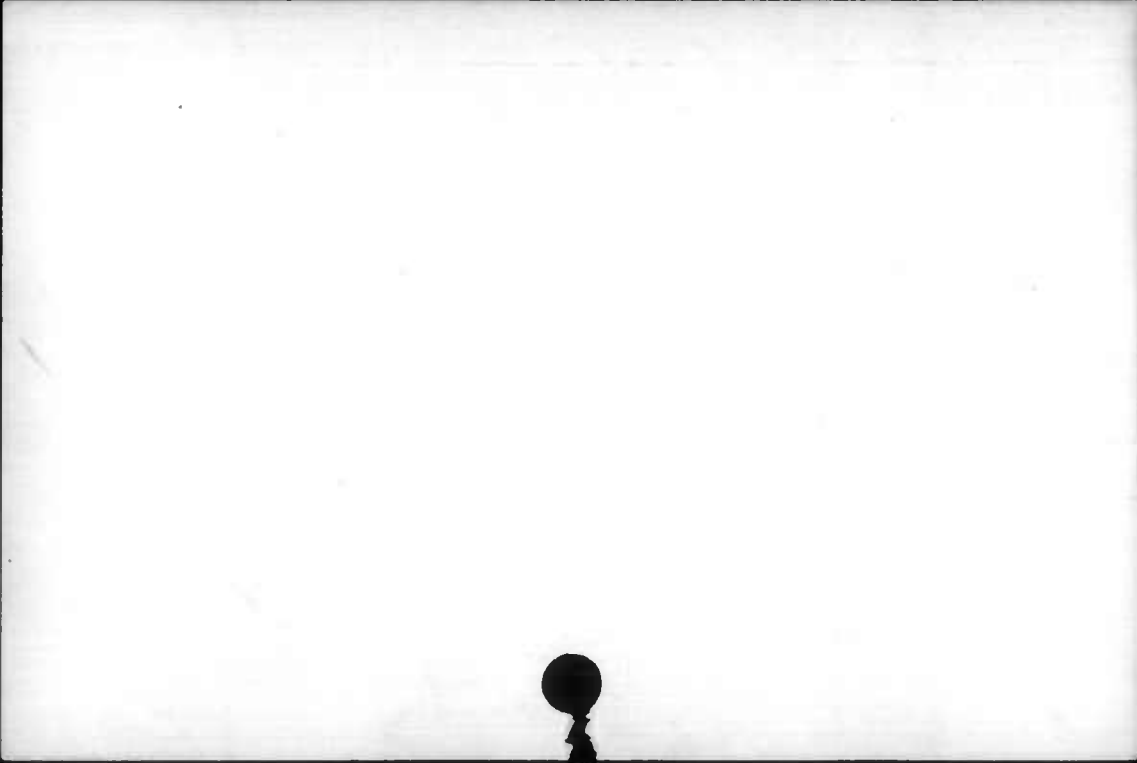
Address *Greenbelt, Md.*

Accident or Suicide

*PG*

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER





Name  
in  
Full

## CERTIFICATE OF DEATH

Russell F Hobday

Town

County

MARYLAND

Died at

Baltimore

Allegheny

Date

of death

1909

Month

Oct

Day

6

Age

16

Years

Months

5

Days

Sex

Male

Color or  
Race

White

Birth-  
place

Martinsburg

Occupation

Student

Where Residing if not  
at place of deathMarried, Single  
or Widowed

Single

Name of Wife or  
Husband

—

Father's  
Name

Charles W Hobday

Father's  
Birthplace

W. Va

Mother's  
Maiden Name

Carrie Roberts

Mother's  
Birthplace

Va

Name of person giving  
Information

Carrie Hobday

How related  
to deceased

Mother

## CAUSES OF DEATH

118

Primary

Appendicitis

How long

6 weeks

Immediate

Post operative Illness

How long

36 hrs

Are the name, age, sex, color, date  
and place correctly given above?

Yes

Signature of  
Physician

E F Hobday

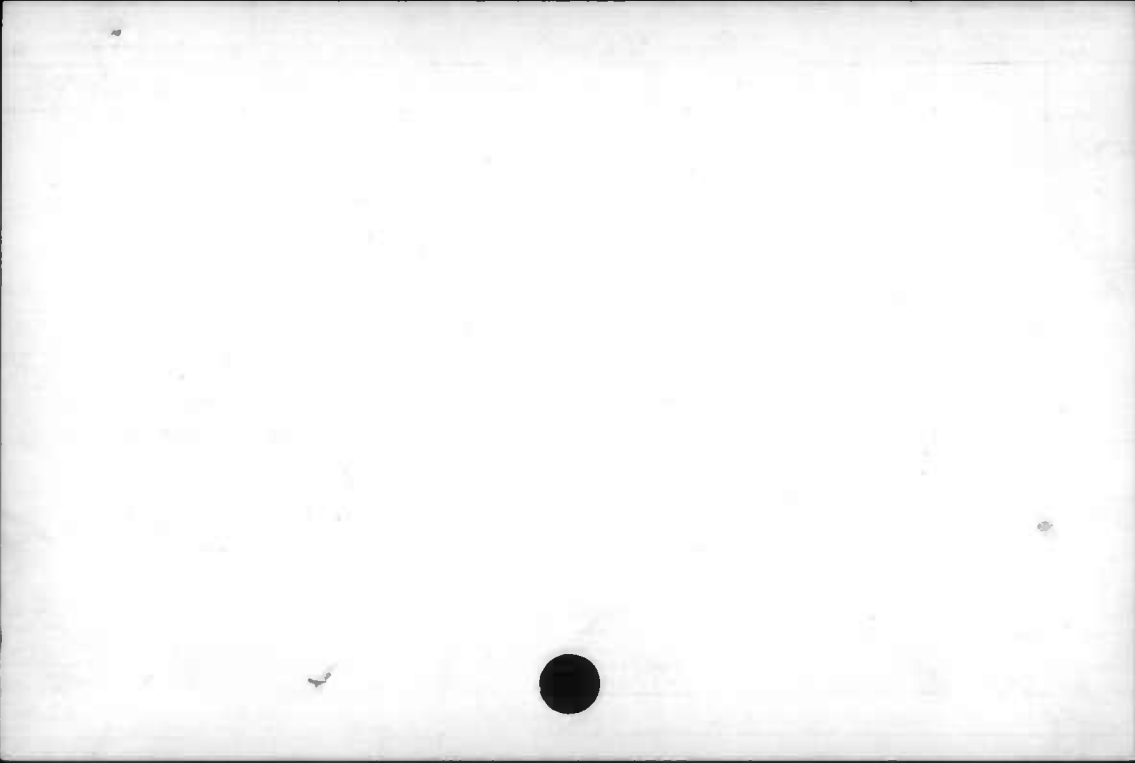
Address

Creechburg

Accident or Suicide

Martinsburg

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER



Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

*Kathryn Hocking*

Town *Frostburg* County *Allegany* MARYLAND

Died at *Frostburg* *Allegany*

Date of death *1909 Oct 9* Age *46* Months *17*

Sex *Female* Color or Race *White* Birth-place *Frostburg*

Occupation *House work* Where Residing if not at place of death

Married, Single or Widowed *Single* Name of Wife or Husband

Father's Name *Geo W. Hocking* Father's Birthplace *England*

Mother's Maiden Name *Sarah J. Warham* Mother's Birthplace *Williamsport Md*

Name of person giving Information *G. D. Hocking* How related to deceased *Brother*

CAUSES OF DEATH

*50*

PHYSICIAN  
OR CORONER

Primary *Diabete Mellitus* How long *2 yrs*

Immediate

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician *W. M. Lane* Address *Frostburg*

Accident or Suicide

J. F. & M Co  
Allegheny

Name  
in  
Full

CERTIFICATE OF DEATH

Margaret Kuhlman

Town

County

MARYLAND

Died at Emma

Allegheny

Date

of death

1909

Month

Oct.

Day

27

Age

Years

48

Months

2

Days

—

Sex

Female

Color or  
Race

White

Birth-  
place

Rawling Md

Occupation

Housework

Where Residing if not  
at place of death

—

Married, Single  
or Widowed

Married

Name of ~~Wife~~  
Husband

John Kuhlman

Father's  
Name

Joseph Kewmeier

Father's  
Birthplace

W. Va

Mother's  
Maiden Name

Amie Wigger

Mother's  
Birthplace

Germany

Name of person giving  
Information

Mrs Bertha Neubiser

How related  
to deceased

Daughter

CAUSES OF DEATH

27

✓

Primary

Consumption

How long

Not known

Immediate

Schistostoma

How long

Are the name, age, sex, color, date  
and place correctly given above?

Yes

Signature of  
Physician

H. V. Fleming

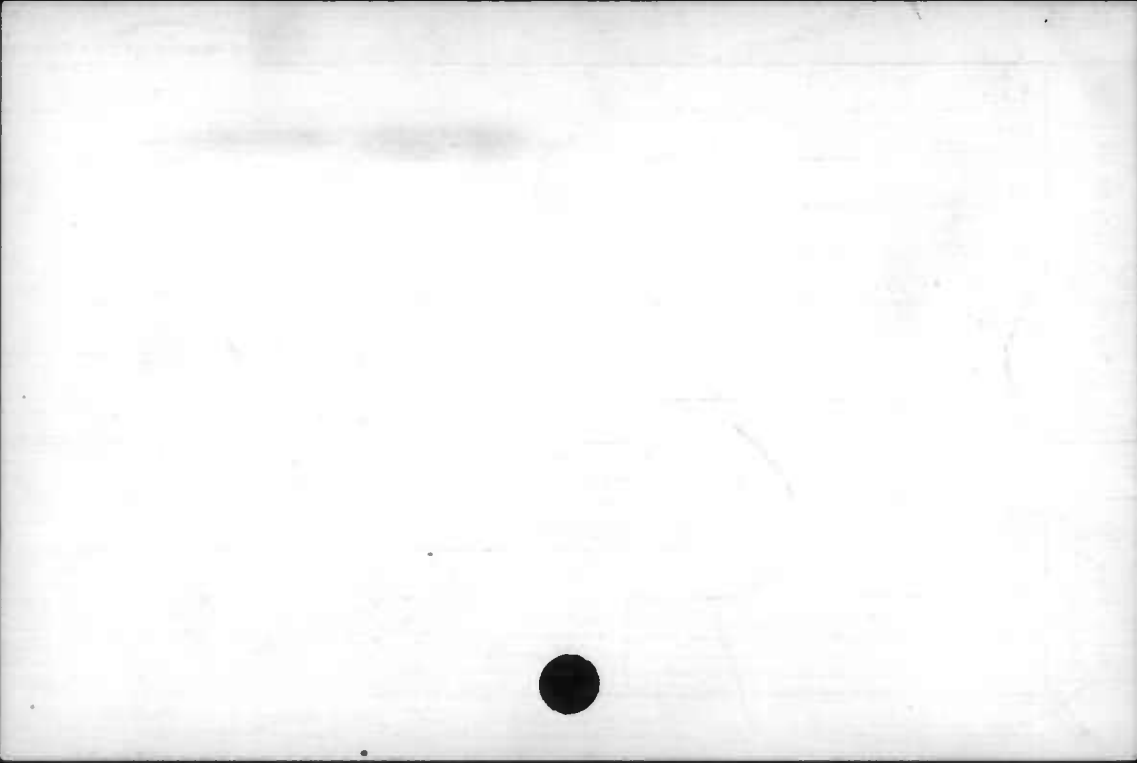
Address

134 W. Girtz St  
Emmetsburg Md

Accident or Suicide

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER



Name  
in  
Full

Annie E Lammert

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

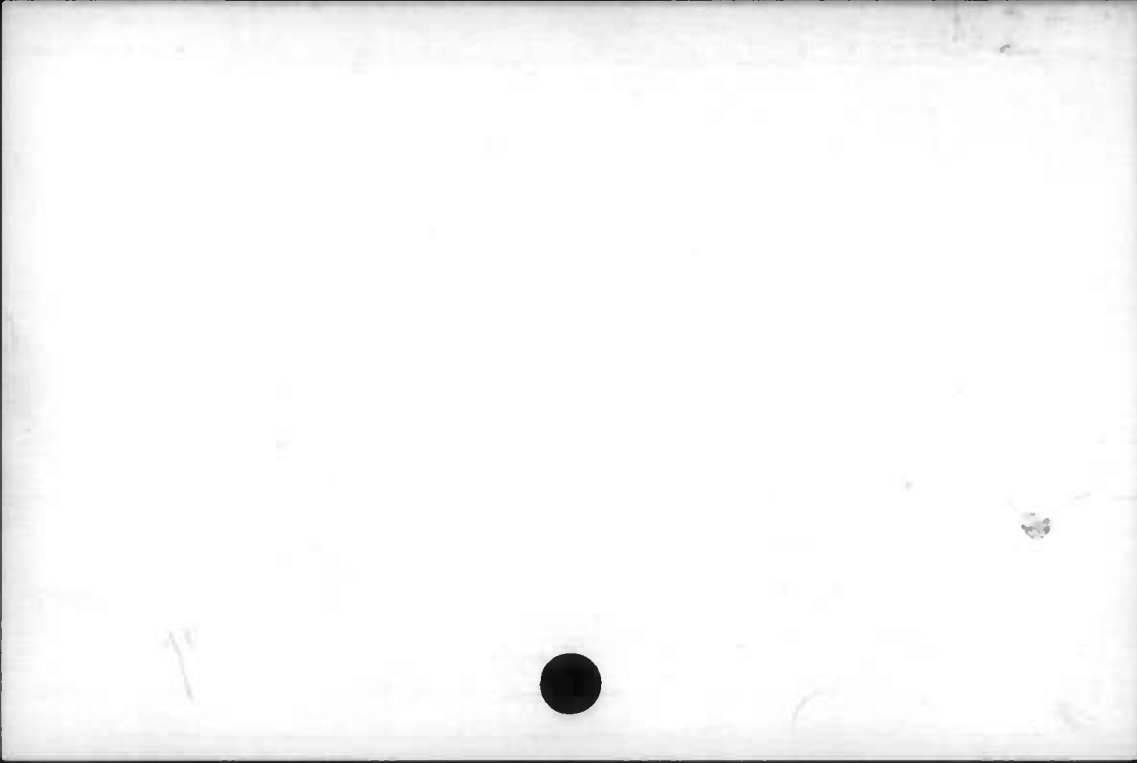
Died at <u>Cumberland</u> <sup>Town</sup>		<u>Allegany</u> <sup>County</sup>		MARYLAND	
Date of death	1909	Month	Oct	Day	3
Age	54	Years		Months	
Sex	Female	Color or Race	White	Birth-place	Allegany Co Md
Occupation	House Keeper	Where Residing if not at place of death <u>Pittsburg Pa</u>			
Married, Single or Widowed	Deceased	Name of <del>Wife</del> or Husband	John. A.		
Father's Name	Joseph Womsey	Father's Birthplace	England		
Mother's Melden Name	Elizabeth Booth	Mother's Birthplace	Do not know		
Name of person giving Information	Peter Lammert	How related to deceased	Sister in Law		

CAUSES OF DEATH

79

PHYSICIAN  
OR CORONER

Primary	Organic Heart Disease	How long	Several years
Immediate	Exhaustion and excitement	How long	1/2 hour
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Yes.		H. F. Dwyer	
Address		Cumberland, Md.	
Accident or Suicide			





Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town <i>Frostburg</i>		County <i>Alliegany</i>		MARYLAND	
Date of death	190	Month	9 Oct.	Day	23	Age	5 1/2
Sex	<i>Female</i>		Color or Race	<i>White</i>		Birth-place	<i>Wales</i>
Occupation	<i>Housewife</i>			Where Residing if not at place of death			
Married, Single or Widowed	<i>Married</i>		Name of Wife or Husband	<i>Arthur Largent</i>			
Father's Name	<i>Jacob Llewellyn</i>				Father's Birthplace	<i>Wales</i>	
Mother's Maiden Name	<i>Mary Lewis</i>				Mother's Birthplace	<i>Wales</i>	
Name of person giving information	<i>Arthur Largent</i>				How related to deceased	<i>Husband</i>	

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Typhoid fever</i>	How long	<i>7 weeks</i>
Immediate	<i>Died suddenly probably from</i>	How long	<i>a few hours</i>
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>[Signature]</i>
		Address	<i>Frostburg</i>
Accident or Suicide?	<i>No</i>		

Allegheny Cement

J. J. & N. Co

Name  
in  
Full

Carrie Viola McClanahan

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Date of death		1909		Oct		3		Age		4		Months		1		Days		27			
Sex		Female		Color or Race		White		Birth-place		Ashtown		Md									
Occupation										Where Residing if not at place of death											
Married, Single or Widowed		Single		Name of Wife or Husband																	
Father's Name		S L McClanahan										Father's Birthplace		Clay Neck Pa							
Mother's Maiden Name		Amy V. Deffields										Mother's Birthplace		Blansburg Md							
Name of person giving information		S L McClanahan										How related to deceased		Father							

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary		Membranous Croup		How long		2 days	
Immediate		Oedema of Glottis		How long		2 hours	
Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician		E. H. Gierke	
				Address		Williamport Md	
Accident or Suicide?							

Interment at Welsh Run Cemetery  
Franklin Co. Pa. Transferred from  
Marlboro. Berkeley Co. W. Va. Across Md.  
to Pa. By J. F. Kneps. Undertaker.  
of Williamsport. Md. Nov. 3<sup>rd</sup> 1909.

Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name Joe Mc Gann County Alleghany MARYLAND

Town Cumberland

Died at Cumberland Month Oct Day 17 Years 25 Months 3 Days 18

Date of death 1909

Sex Male Color or Race White Birth-place Valesmire

Occupation Miner Where Residing if not at place of death Valesmire

Married, Single or Widowed single Name of Wife or Husband

Father's Name Patrick Mc Gann Father's Birthplace Ireland

Mother's Maiden Name Catharine Mallon Mother's Birthplace Ill.

Name of person giving Information Frank Mc Gann How related to deceased Brother

Crushed foot (which was amputated),  
and fractured pelvis.

## CAUSES OF DEATH

Primary

Miner Accident

How long

2 days

Immediate

Shock

How long

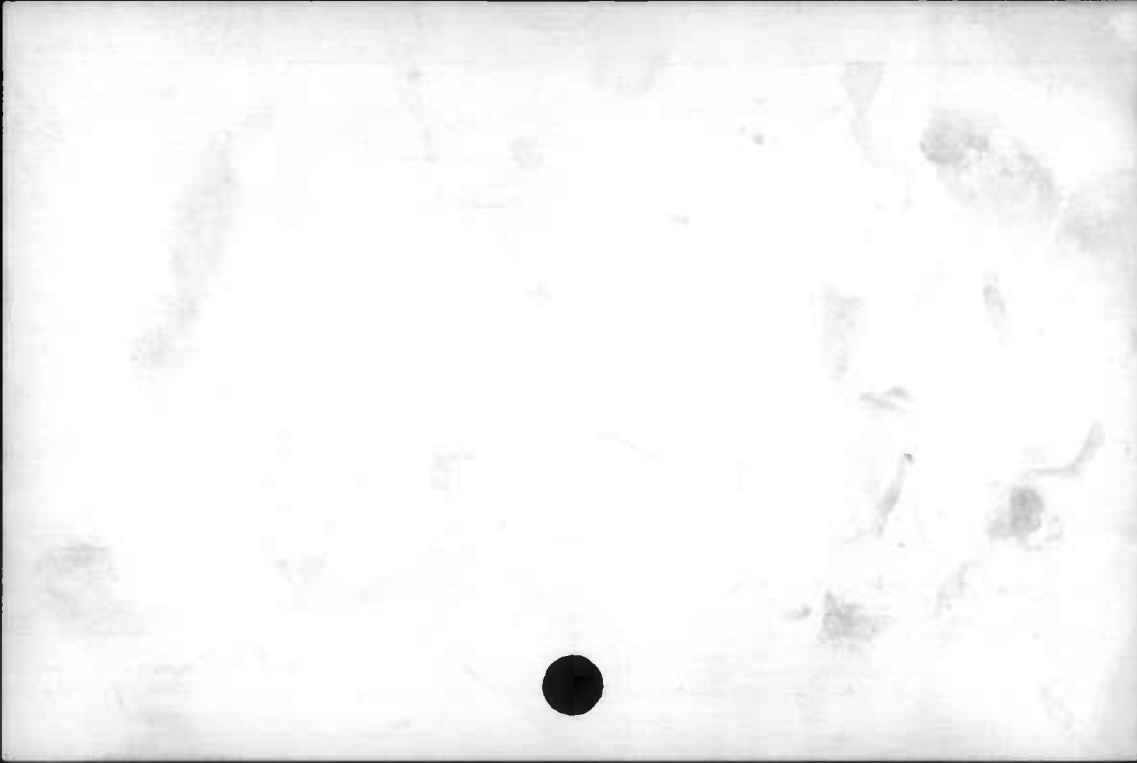
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

J. M. Miller  
7, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23, 24, 25, 26, 27, 28, 29, 30, 31, 32, 33, 34, 35, 36, 37, 38, 39, 40, 41, 42, 43, 44, 45, 46, 47, 48, 49, 50, 51, 52, 53, 54, 55, 56, 57, 58, 59, 60, 61, 62, 63, 64, 65, 66, 67, 68, 69, 70, 71, 72, 73, 74, 75, 76, 77, 78, 79, 80, 81, 82, 83, 84, 85, 86, 87, 88, 89, 90, 91, 92, 93, 94, 95, 96, 97, 98, 99, 100

Accident or Suicide



Name  
in  
Full

## CERTIFICATE OF DEATH

Patrick M. McGann

TO BE ANSWERED BY  
NEAREST FRIENDDied at *Valle Summit* *Allegany* County **MARYLAND**Date of death 1909 *Oct.* Month *16* Day *74* Age *74* Years Months DaysSex *male* Color or Race *white* Birth-place *Ireland*Occupation *miner* Where Residing if not at place of deathMarried, Single or Widowed *married* Name of Wife or Husband *Catherine Mallin McGann*Father's Name *Michael McGann* Father's Birthplace *Ireland*Mother's Maiden Name *McGann* Mother's Birthplace *Ireland*Name of person giving Information *Michael McGann* How related to deceased *Son,*

## CAUSES OF DEATH

106

✓

PHYSICIAN  
OR CORONERPrimary *Scrubbing* How long *2 years*Immediate *Bronchitis & diarrhoea* How long *1 year*Are the name, age, sex, color, date and place correctly given above? Signature of Physician *J. M. Price*Address *Frostburg, Md.*

Accident or Suicide

*Catholici* 2.



Name  
in  
Full

Bathrine W<sup>2</sup> Grimm

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Years	Months	Days	
1909 Oct.		6	Age	28	2		
Sex	Female	Color or Race	White		Birth-place	Cornwall	
Occupation	Housewife		Where Residing if not at place of death		Green St Egt.		
Married, Single or Widowed	Married		Name of <del>Wife</del> Husband	Patrick W <sup>2</sup> Grimm			
Father's Name	Frederick Baeger.				Father's Birthplace	Germany.	
Mother's Maiden Name	Agnes Keifer				Mother's Birthplace	Germany.	
Name of person giving Information	Agnes Keifer				How related to deceased	Mother	

CAUSES OF DEATH

Primary	Typhoid Fever.	How long	3 weeks.
Immediate	Ulceration of bowel and toxemia	How long	1 week.
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Yes		J. L. Deming	
Address		134 N. Center St	
Accident or Suicide		Baltimore, Md	



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name <i>John Meek</i>		Town <i>Barton</i>		County <i>Allegheny</i>		MARYLAND					
Died at <i>Barton</i>		Month <i>Oct.</i>		Day <i>6</i>		Years <i>65</i>		Months <i>9</i>		Days <i>13</i>	
Date of death <i>1909</i>		Age <i>65</i>		Sex <i>Male</i>		Color or Race <i>White</i>		Birthplace <i>Scotland</i>		Occupation <i>Miner</i>	
Married, Single or Widowed <i>Widower</i>		Name of Wife or Husband <i>Mary Ellen Christie</i>		Where Residing if not at place of death <i>✓</i>							
Father's Name <i>Archibald Meek</i>		Father's Birthplace <i>Scotland</i>		Mother's Maiden Name <i>Christian Lait</i>		Mother's Birthplace <i>Scotland</i>		Name of person giving Information <i>Arch. Meek</i>		How related to deceased <i>Son</i>	

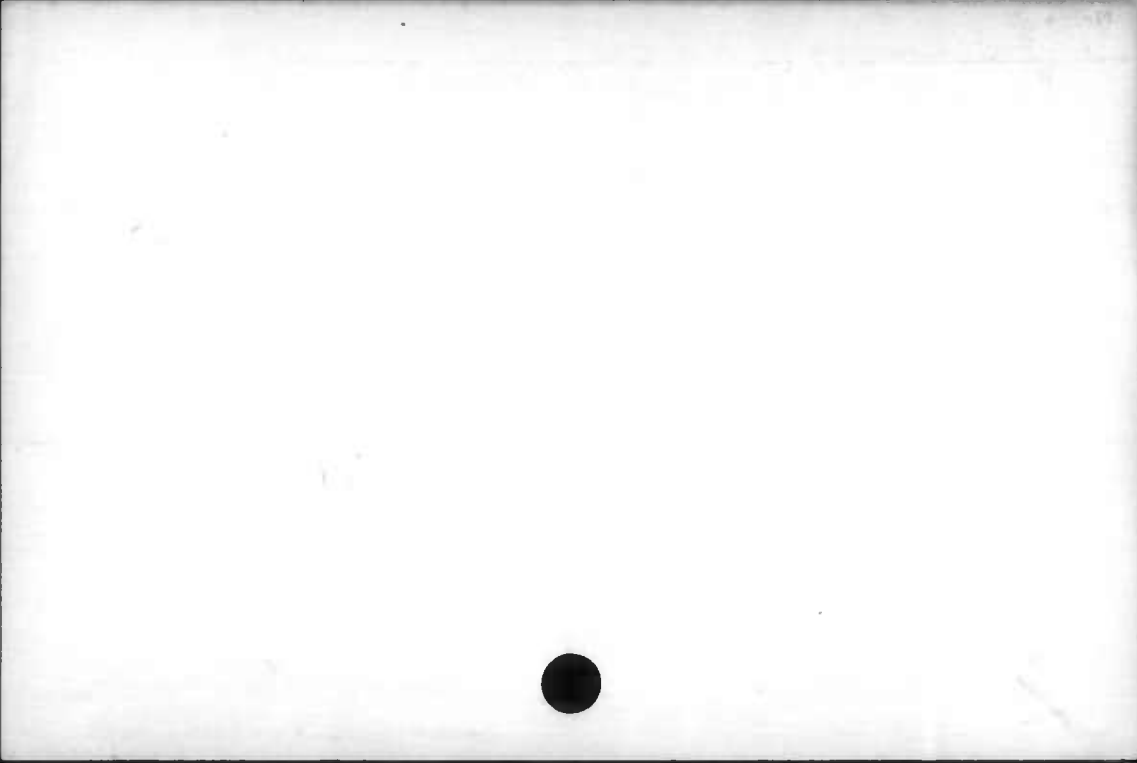
## CAUSES OF DEATH

97

✓

PHYSICIAN  
OR CORONER

Primary	<i>Asthma &amp; Bronchitis</i>	How long	<i>Several weeks</i>
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>A. A. Boucher</i>
		Address	<i>Barton Road</i>
Accident or Suicide			



Name in Full *Annie March L.*

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at *Cumtlands* Town *Accrington* County **MARYLAND**  
 Date of death 190 *9* Month *10* Day *10* - Age *63* - Years Months Days  
 Sex *female* Color or Race *white* Birth-place *Cumtlands*  
 Occupation *none* Where Residing if not at place of death  
 Married, Single or Widowed *Widowed* Name of Wife or Husband *Adolph Margo*  
 Father's Name *John Cahill* Father's Birthplace *Ireland*  
 Mother's Maiden Name *Mary Bryant* Mother's Birthplace *Ireland*  
 Name of person giving Information *John Cahill* How related to deceased *Brother*

CAUSES OF DEATH

Primary *Bright's Disease + Paralysis* How long *120* *D.K.*  
 Immediate *Heart failure.* How long *Immediate*

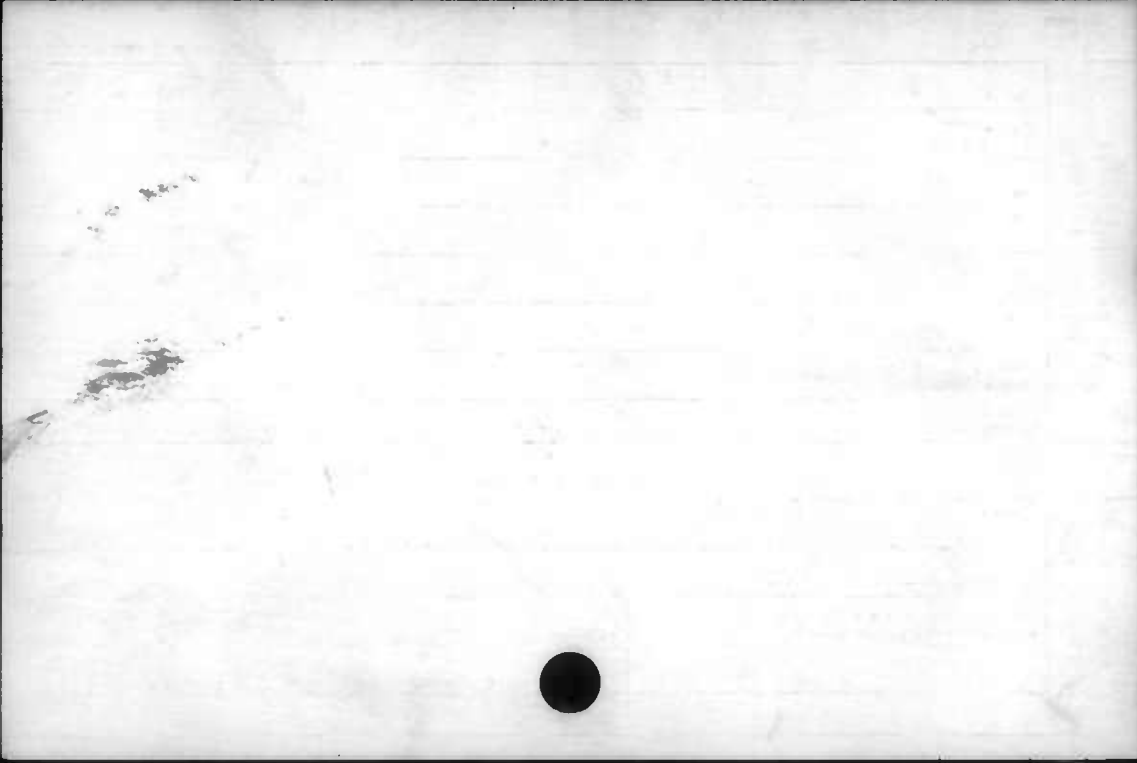
Are the name, age, sex, color, date and place correctly given above?

Signature of

Address

*Coroner*  
*John J. Dressman.*  
*Cumt'd, Md.*

Accident or Suicide



Name  
in  
Full

Cecelea Michaels

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Belkhorst</i> Town		<i>Ally</i> County		MARYLAND	
Date of death	<i>1909</i>	Month <i>Oct</i>	Day <i>28</i>	Age	Years <i>4</i> Months <i>25</i> Days
Sex <i>F</i>	Color or Race <i>W</i>		Birth-place <i>Belkhorst</i>		
Occupation <i>—</i>			Where Residing if not at place of death <i>—</i>		
Married, Single or Widowed <i>—</i>			Name of Wife or Husband <i>—</i>		
Father's Name <i>Joseph Michaels</i>			Father's Birthplace <i>Ind</i>		
Mother's Maiden Name <i>Annie Martin</i>			Mother's Birthplace <i>Ind</i>		
Name of person giving information <i>Joseph Michaels</i>			How related to deceased <i>father</i>		

## CAUSES OF DEATH

105

PHYSICIAN  
OR CORONER

Primary	<i>Gastro-Enteritis</i>	How long	<i>Two months</i>
Immediate	<i>Exhaustion</i>	How long	<i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>J. Griffith</i>	
		Address <i>W. H. Griffith, Ind</i>	
Accident or Suicide? <i>—</i>			

L. J. & Co.  
Catholic Cemetery



Name  
in  
Full

*Arthur Miller*

CERTIFICATE OF DEATH

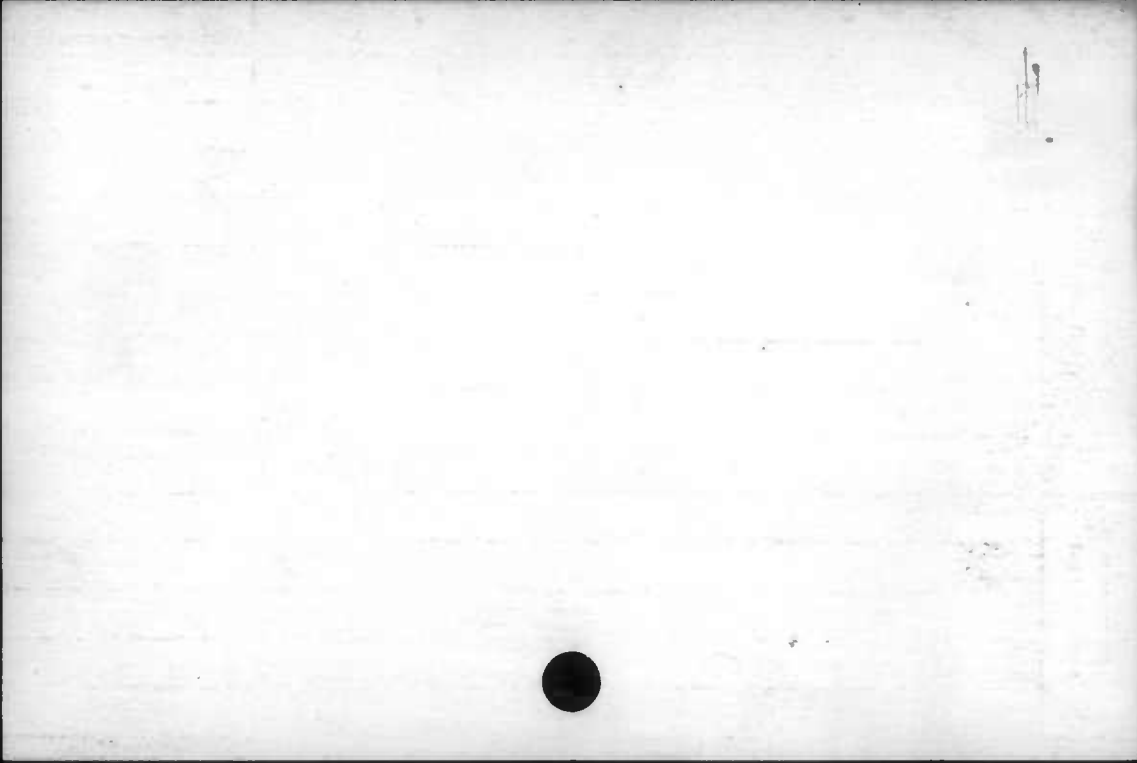
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Baltimore</i>		Town <i>Baltimore</i>		County <i>Harford</i>		STATE OF <i>MARYLAND</i>	
Date of death	<i>1909</i>	Month <i>Oct</i>	Day <i>10</i>	Age <i>Still Born</i>	Years	Months	Days
Sex <i>male</i>	Color or Race <i>white</i>		Birth-place <i>Baltimore and</i>				
Occupation <i>chief</i>			Where Residing if not at place of death				
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband					
Father's Name <i>Benjamin Miller</i>				Father's Birthplace <i>Russia</i>			
Mother's Maiden Name <i>Bertie Helman</i>				Mother's Birthplace <i>Russia</i>			
Name of person giving information <i>Benjamin Miller</i>				How related to deceased <i>Father</i>			

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Sudden Death</i>	How long	<i>8</i>
Immediate	<i>—</i>	How long	<i>—</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>[Signature]</i>	
		Address <i>Baltimore Md</i>	
Accident or Suicide?			



Name  
in  
Full

CERTIFICATE OF DEATH

*Susquehanna Morris*  
Town *Cumtand* County *Allegheny*  
Died at

MARYLAND

Date of death 190 *9* Month *19* Day *15* Age *26* Years *6* Months *9* Days

Sex *Female* Color or Race *White* Birth-place *Cumtand*

Occupation *Housekeeper* Where Residing if not at place of death *Cumtand*

Married, Single or Widowed *Widowed* Name of Wife or Husband *R. J. Morris*

Father's Name *John Haysbird* Father's Birthplace *Sigonier Pa*

Mother's Maiden Name *Sarah McKee* Mother's Birthplace *Keensburg Pa*

Name of person giving information *Mrs L. Hitchcock* How related to deceased *Sister*

CAUSES OF DEATH

27

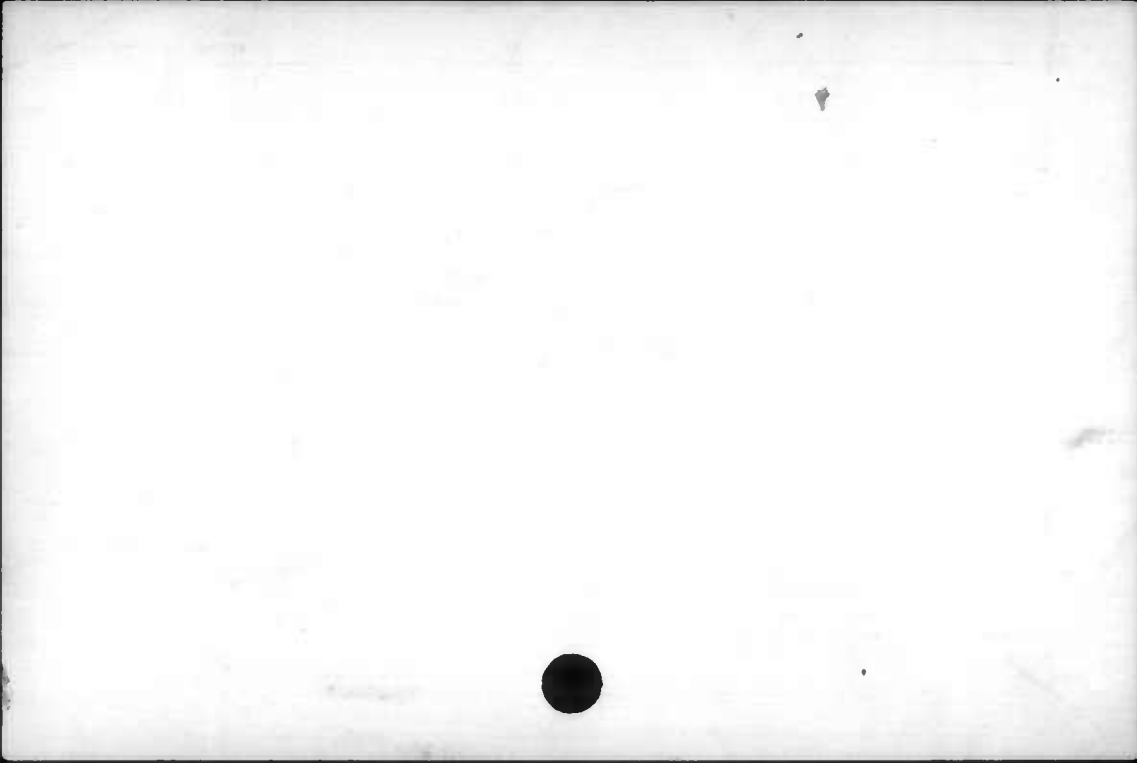
Primary *Miliary Tuberculosis* How long *3 years*

Immediate *Exhaustion* How long

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *A. H. Hawkins*  
Address *Cumtand Md.*

Accident or Suicide *—*



Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Infant Munson

Town *Pekin* County *Allegheny* MARYLAND

Died at *Pekin*

Date of death 190 *9* Oct *26* Age *17* Months *17* Days *17*

Sex *male* Color or Race *white* Birthplace *Pekin*

Occupation *none* Where Residing if not at place of death *Pekin*

Married, Single or Widowed *Single* Name of Wife or Husband *—*

Father's Name *Joshua Munson* Father's Birthplace *Hancock*

Mother's Maiden Name *Elizabeth E. Jackson* Mother's Birthplace *Civilton, Md.*

Name of person giving Information *Prof. J. Munson* How related to deceased *Nephew*

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary *Congenital deformity of heart* How long *150*

Immediate *Congestion of lungs* How long *4 days*

Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician *J. B. Skilling, M.D.* Address *Lincolnton*

Accident or Suicide *yes*



Name  
in  
Full

CERTIFICATE OF DEATH

*Lona Polling*

Town

County

Died at

*Cumberland*

*allergang*

MARYLAND

Date

of death

*1909*

Month

*10*

Day

*16*

Age

Years

Months

*5*

Days

Sex

*Female*

Color or  
Race

*White*

Birth-  
place

*Cumberland*

Occupation

*dom*

Where Residing if not  
at place of death

*Cumberland*

Married, Single  
or Widowed

*Single*

Name of Wife or  
Husband

*dom*

Father's  
Name

*Robert Polling*

Father's  
Birthplace

*W. Va*

Mother's  
Maiden Name

*Ann B. Polling*

Mother's  
Birthplace

*md*

Name of person giving  
Information

*Robert Polling*

How related  
to deceased

*Father*

CAUSES OF DEATH

Primary

*Chronic gastritis*

How long

*104*

Immediate

*Exhaustion from Inanition*

How long

*Life*

Are the name, age, sex, color, data  
and place correctly given above?

*Yes*

Signature of  
Physician

Address

*Dr. H. Broadus  
Cumberland  
md*

Accident or Suicide

*No*

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER





Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Years	Months	Days	
1909		9	Oct.	26	11	28	
Sex	Female	Color or Race	White		Birth-place	Va	
Occupation	Coral Miner		Where Residing if not at place of death				
Married, Single or Widowed	Married		Name of Wife or Husband		Julia Powell		
Father's Name	John Powell		Father's Birthplace		Va		
Mother's Maiden Name	Margaret Knick		Mother's Birthplace		Walpertburg Va		
Name of person giving Information	Mrs David Powell		How related to deceased		Wife		

PHYSICIAN  
OR CORONER

CAUSES OF DEATH	
Primary	Skull crushed by fall of coal in mines
Immediate	Accidentally Killed
Are the name, age, sex, color, date and place correctly given above?	yes
Signature of Physician	J. C. Colby
Address	Frostburg Md
Accident or Suicide	yes

John J. Dressman  
~~John J. Dressman~~

Coroner  
Mr. Luckey Clerk

Name  
in  
Full

*Ferdinand Oscar Korn*

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at *Cumtland* *Allegheny*

Date of death 1909 *Oct* *2* Age *46* Months *4* Days *—*

Sex *male* Color or Race *White* Birth-place *Cumtland*

Occupation *Labour* Where Residing if not at place of death

Married, Single or Widowed *Married* Name of Wife or Husband *Jillie*

Father's Name *Do not know* Father's Birthplace *Germany*

Mother's Maiden Name *Do not know* Mother's Birthplace *Germany*

Name of person giving Information *Jillie Oscar Korn* How related to deceased *Wife*

CAUSES OF DEATH

*166* *✓*

PHYSICIAN  
OR CORONER

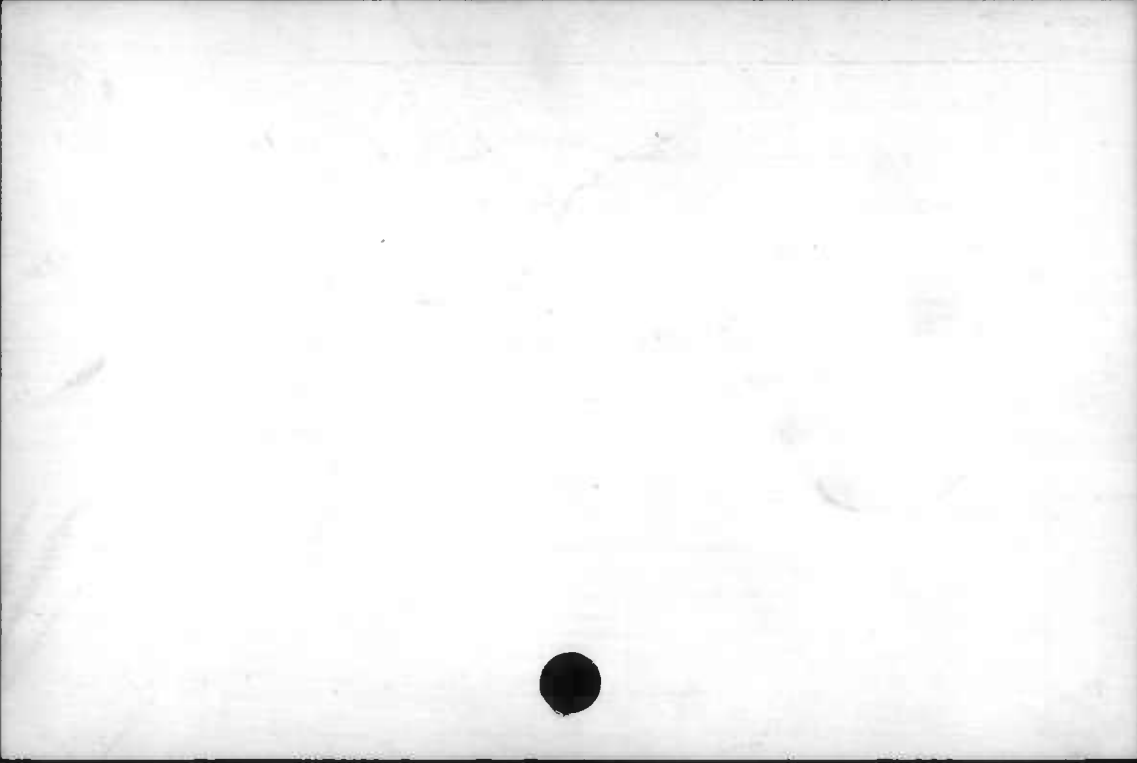
Primary *Hit by Engine 4 ribs left side driven in upon lung* How long *5 days*

Immediate *Pneumonia* How long *2 days*

Are the name, age, sex, color, date and place correctly given above? *Yes* Signature of Physician *A. H. Hawkins*

*Settin* Address *Cumtland Md*

Accident or Suicide *Accident*



Name  
in  
Full

George Elwood Adcliffe

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Years	Months	Days	
1907		October	19	16	10	21	
Sex	Male	Color or Race	White	Birth-place	Vale Summit		
Occupation	Miner			Where Residing if not at place of death	Eckhart Mines		
Married, Single or Widowed	Single			Name of Wife or Husband	Unmarried		
Father's Name	Joseph Adcliffe			Father's Birthplace	Vale Summit		
Mother's Maiden Name	Eva Long			Mother's Birthplace	Pal Alto, Va		
Name of person giving Information	Father			How related to deceased			

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Typhoid fever & Parotitis	How long	1 week
Immediate	Infantilis	How long	2 days
Are the name, age, sex, color, date and place correctly given above?		Yes	
No			
Signature of Physician		J. C. [Signature]	
Address		Birmingham	
Accident or Suicide			

Walc Summit

T. T. & U. Co.,

Name  
in  
Full

Henry A. Reith

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Cumtland</u> <sup>Town</sup>		<u>Allegheny</u> <sup>County</sup>		MARYLAND	
Date of death	1909	Month	Oct	Day	17
Age	36	Years		Months	0
Sex	male	Color or Race	white	Birth place	md
Occupation	Furniture finisher		Where Residing if not at place of death		
Married, Single or Widowed	Married	Name of Wife or Husband	Anna Conque		
Father's Name	Frederic W Reith		Father's Birthplace	Germany	
Mother's Maiden Name	Augusta Finkbeiner		Mother's Birthplace	Germany	
Name of person giving Information	Edward A. Reith		How related to deceased	brother	

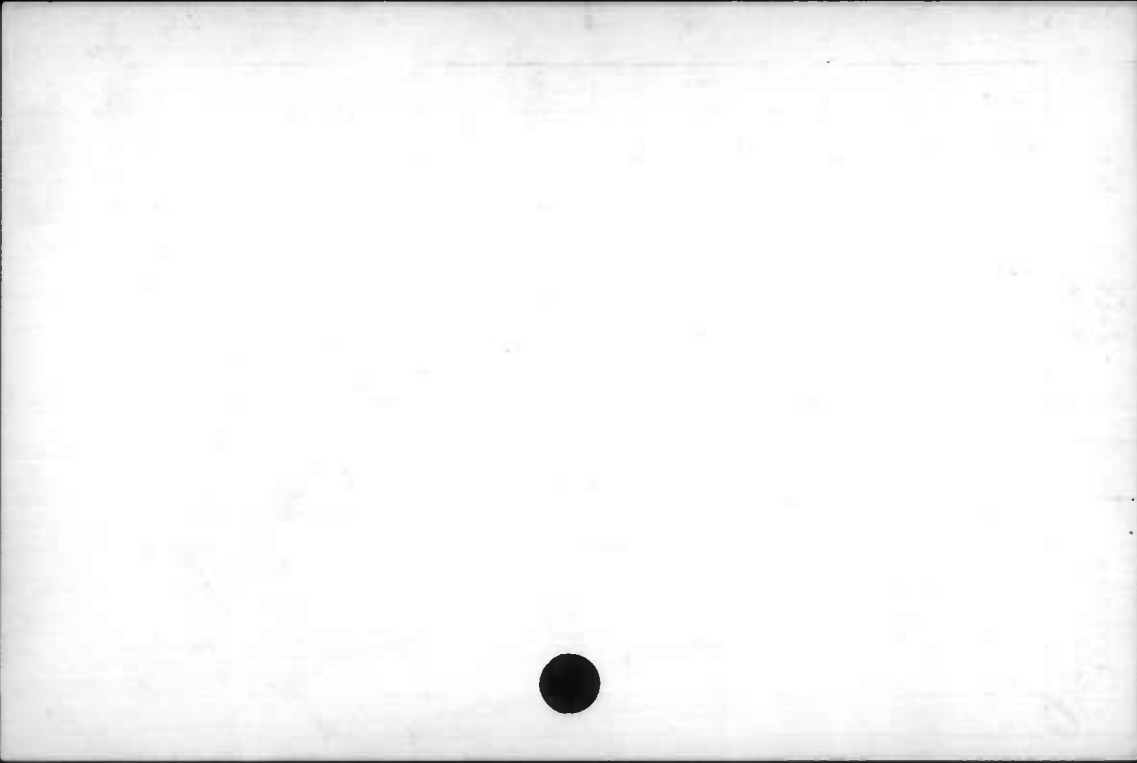
CAUSES OF DEATH

155

PHYSICIAN  
OR CORONER

Primary	Carbolic acid poisoning		How long	Immediate
Immediate	Shock		How long	—
Are the name, age, sex, color, date and place correctly given above?		yes		
Signature of Physician		Coroner		
Address		John J. Dressman		
		Cumtland, Md		

Accidental Suicide





Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at

Town

County

MARYLAND

Date

of death

1909

Month

Oct

Day

28

Age

Years

57 5/8

Months

Days

Sex

Male

Color or  
Race

White

Birth-  
place

Pa

Occupation

Laborer

Where Residing if not  
at place of deathMarried, Single  
or Widowed

Married

Name of Wife or  
Husband

Anna Wise

Father's  
Name

Samuel W. Rodney

Father's  
Birthplace

Ireland

Mother's  
Maiden Name

Mary Rud

Mother's  
Birthplace

"

Name of person giving  
Information

Anna Rodney

How related  
to deceased

Wife

## CAUSES OF DEATH

Primary

Organic Heart Disease

How long

1 year.

Immediate

Heart Failure

How long

Are the name, age, sex, color, date  
and place correctly given above?

J. O.

Signature of  
Physician

Thos. W. Jones

Address

Cumberland

Accident or Suicide



Name  
in  
Full

CERTIFICATE OF DEATH

John Ullum  
Town

County  
Allegheny

MARYLAND

Died at Cumberland

Date of death 1909 Oct 1

Age 81

Months Days

Sex Male

Color or Race White

Birthplace Md

Occupation Blacksmith

Where Residing if not at place of death

Sylvan Retreat

Married, Single or Widowed Widowed

Name of Wife or Husband Susan Ward

Father's Name Andrew J. Ullum

Father's Birthplace Md

Mother's Maiden Name Margarette Pitzer

Mother's Birthplace Md

Name of person giving Information J. G. Poling

How related to deceased Son-in-law

CAUSES OF DEATH

Primary

Apoplexy

How long

12 ho

Immediate

Exhaustion

How long

12 ho

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

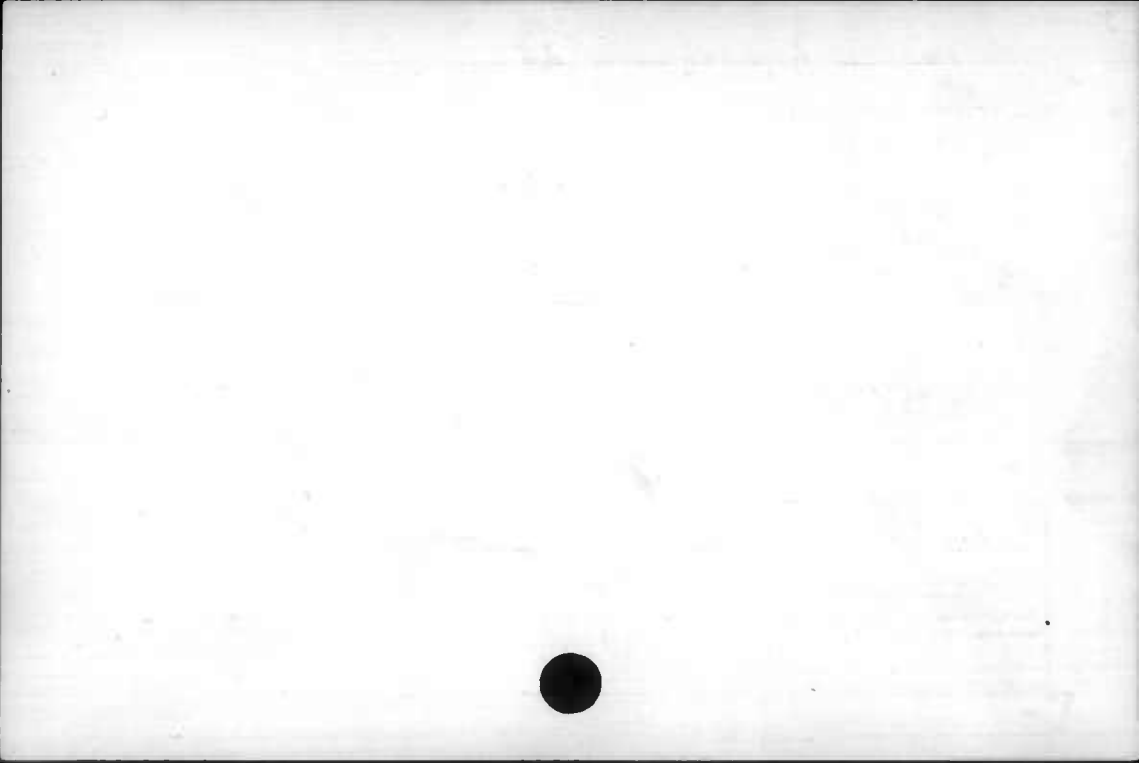
H. F. Furrer  
Cumberland  
Md

Address

Accident or Suicide

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name in Full <i>infant Valentine</i>		Town <i>Cumberland</i>		County <i>alleg.</i>		MARYLAND	
Died at		Month <i>Oct</i>		Day <i>18</i>		Years <i>—</i>	
Date of death <i>1909</i>		Month <i>Oct</i>		Day <i>18</i>		Age <i>—</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Cumberland</i>		Months <i>—</i>	
Occupation <i>None</i>		Where Residing if not at place of death <i>—</i>		Days <i>1 Year</i>			
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>None</i>					
Father's Name <i>Charles L. Valentine</i>		Fether's Birthplace <i>Cumhd</i>					
Mother's Meiden Name <i>Lillie J. Welsh</i>		Mother's Birthplace <i>La Ind.</i>					
Name of person giving Information <i>Chas Valentine</i>		How related to deceased <i>Father</i>					

## CAUSES OF DEATH

176

How long

Primary *Premature birth* *2 mo.*Immediate *Shock, Results of a version* *1 hr.*

Are the name, age, sex, color, date and place correctly given above?

*yes*

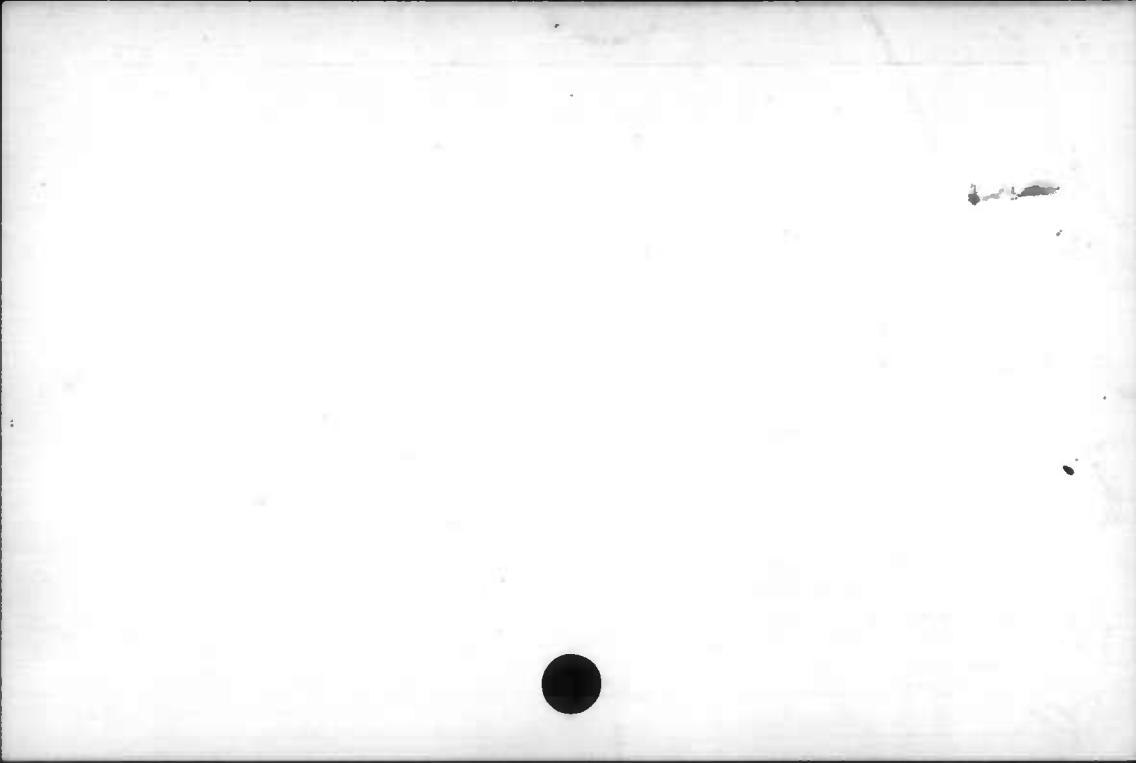
Signature of Physician

Address

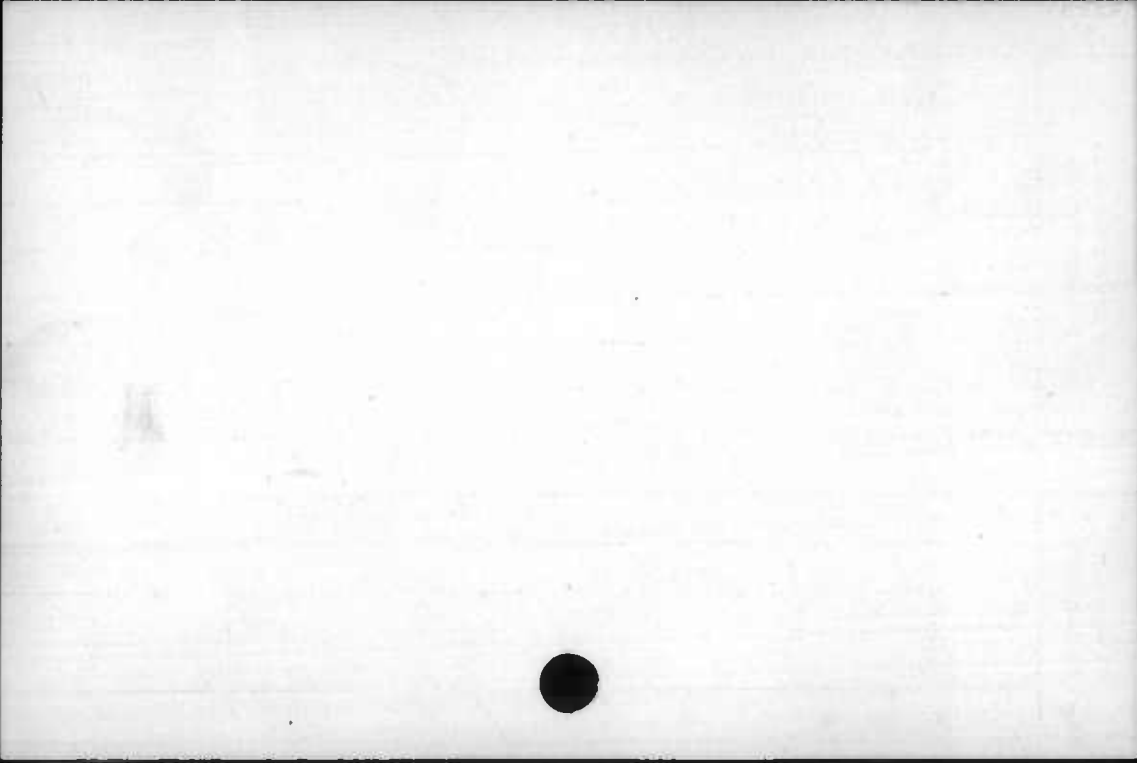
*Edward Harris**Cumhd**Harris Ind.*

Accident or Suicide

*no*PHYSICIAN  
OR CORONER

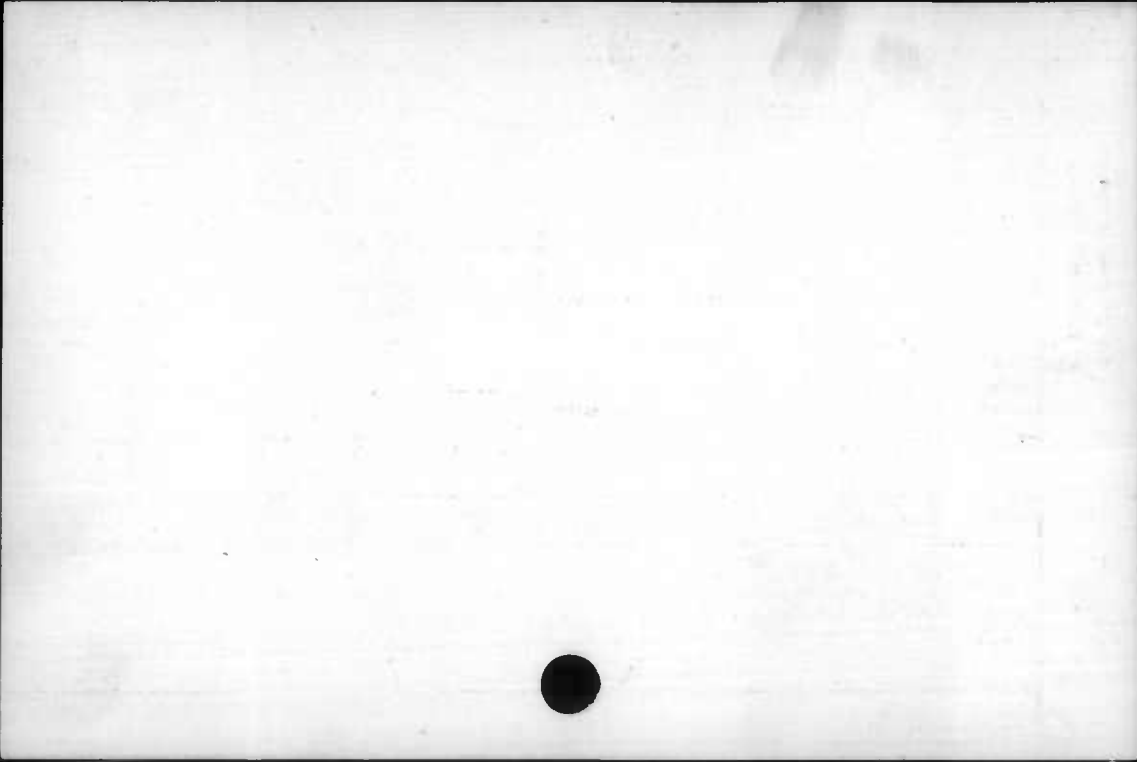


Name in Full		Mattie Wallace				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND	Died at	Cumberland		County Allegany		MARYLAND		
	Date of death	1909	Month Feb	Day 28	Age 39	Months 7	Days 2	
	Sex	Female		Color or Race	White		Birth-place	Ohio
	Occupation	Homemaker		Where Residing if not at place of death				
	Married, Single or Widowed	Married		Name of Wife or Husband				
	Alonzo A. Wallace		Father's Name		William Willis		Father's Birthplace	Ohio
	Mother's Maiden Name		Flora Willis		Mother's Birthplace		Ohio	
Name of person giving information		Alonzo A. Wallace		How related to deceased		Husband		
CAUSES OF DEATH		136						
PHYSICIAN OR CORONER	Primary	Concealed Hemorrhage from detached Placenta				How long	1 week	
	Immediate	Exhaustion following Delivery				How long	1 day	
	Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician			
	Address		Cumberland, Md					
Accident or Suicide?		No						





Name in Full		(Stillborn) Wallace				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Town Cumberland		County Allegany		MARYLAND	
	Date of death	1909	Month Oct	Day 28	Age	Years	Months
	Sex	Male		Color or Race	White		Birth-place
	Occupation			Where Residing if not at place of death			
	Married, Single or Widowed			Name of Wife or Husband			
	Father's Name	Alfred A. Wallace				Father's Birthplace	Ohio
	Mother's Maiden Name	Mattie Miller				Mother's Birthplace	Ohio
Name of person giving information	Alfred A. Wallace				How related to deceased	Husband	
<div style="text-align: center;">CAUSES OF DEATH</div>							
PHYSICIAN OR CORONER	Primary	Stillborn				How long	
	Immediate					How long	
	Are the name, age, sex, color, date and place correctly given above?	<input checked="" type="checkbox"/>				Signature of Physician	W. H. Broadway, M.D.
	Address						Cumtland Md
Accident or Suicide? <input checked="" type="checkbox"/>							



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at

Date

of death

1909

Month

10

Day

30

Age

77

Years

Months

Days

Sex

M

Color or  
Race

W.

Birth-  
place

England

Occupation

Miner

Where Residing if not  
at place of death~~Married~~, Single  
or WidowedName of Wife or  
~~Husband~~

Mary Ann Watson

Father's  
Name

James Watt

Father's  
Birthplace

England

Mother's  
Maiden Name

Dont Know

Mother's  
BirthplaceName of person giving  
Information

Gallagher,

How related  
to deceased

son-in-law.

## CAUSES OF DEATH

Primary

Old Age

154

How long

4 months

How long

Immediate

Are the name, age, sex, color, date  
and place correctly given above?Signature of  
PhysicianJ. L. Clymer, Jr.  
Midlothian

Address

PHYSICIAN  
OR CORONER

Accident or Suicide

Jacob Hales

Catholic Am

Name  
in  
Full

CERTIFICATE OF DEATH

Infant West

Died at Chumberland Alleg County MARYLAND

Date of death 190 9 Oct. 18 Age — Months — Days 7

Sex Female Color or Race Colored Birth-place Amuld.

Occupation None Where Residing if not at place of death —

Married, Single or Widowed Single Name of Wife or Husband None

Father's Name Will Forman Father's Birthplace DK

Mother's Maiden Name Hattie West Mother's Birthplace DK

Name of person giving information Moses Taylor How related to deceased None

CAUSES OF DEATH

Primary Inanition How long 7 days.

Immediate Exhaustion How long 7 days.

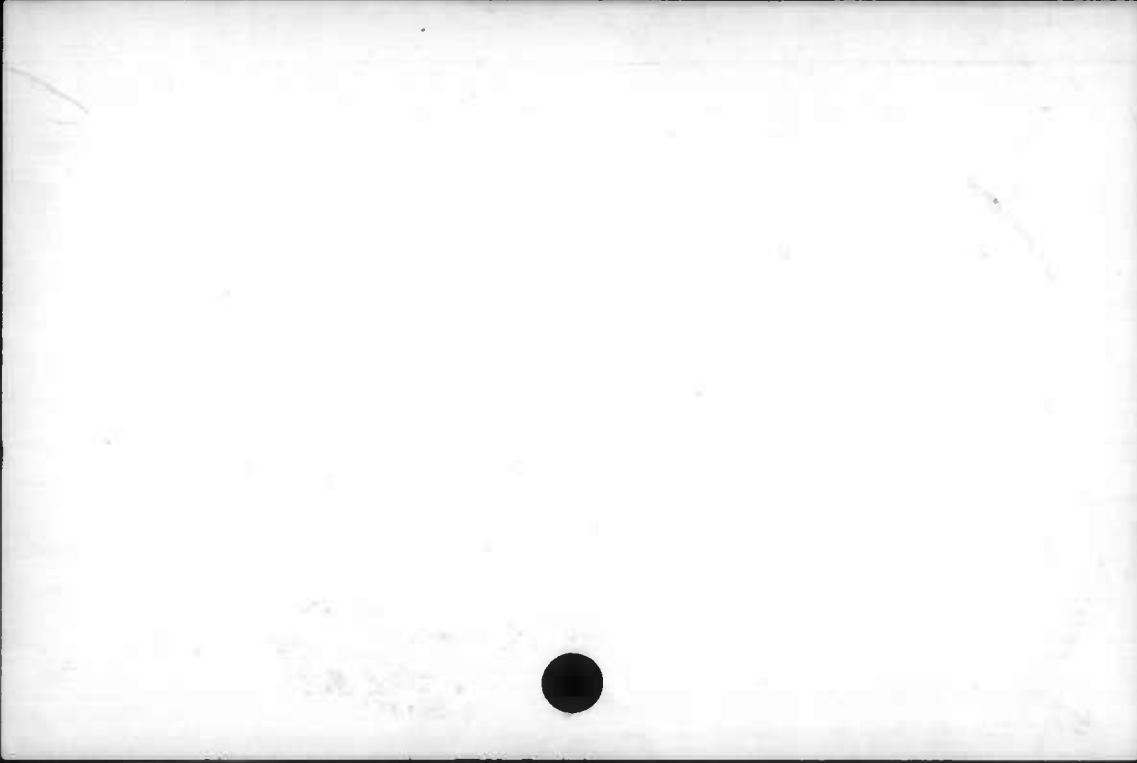
Are the name, age, sex, color, date and place correctly given above? Yes Signature of Physician H. O. Alley

Steen Address H. O. Alley Co.

Accident or Suicide

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER



Name  
in  
Full

Theresa Widner

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at Cumberland Allegany County MARYLAND

Date of death 1909 Oct 31 Age 88 Months 0 Days —

Sex Female Color or Race White Birth-place Allegany Co Md

Occupation retired home keeper Where Residing if not at place of death —

Married, Single or Widowed Widow Name of ~~Widow~~ Husband John B Widner

Father's Name John Davis Father's Birthplace Md

Mother's Maiden Name do not know Mother's Birthplace do not know

Name of person giving Information Miss Katie Widner How related to deceased daughter

## CAUSES OF DEATH

Primary

Broncho-pneumonia

How long

4 days

Immediate

Edema of lungs

How long

7 hours

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

W. R. Hodges

Address

Cumberland, Md.

Accident or Suicide

PHYSICIAN  
OR CORONERJ. Sten

7 Hawks.

2 - 30 -



Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

*Thomas B. Williams*

Diad at *Alleghany* *Alleghany* County *MARYLAND*

Date of death 190*9* *Oct* / *28* Age *17* Months Days

Sex *Male* Color or Race *White* Birth-place *Alleghany*

Occupation *Minor* Where Residing if not at place of death *Alleghany*

~~Married~~ Single or Widowed Name of Wife or Husband

Father's Name *Andrew J. Williams* Father's Birthplace *Mt Savage*

Mother's Maiden Name *Mary A. Evans* Mother's Birthplace *England*

Name of person giving Information *A. J. Williams* How related to deceased *Father*

CAUSES OF DEATH

**166**

PHYSICIAN  
OR CORONER

Primary *Fall of roof coal* How long *Immediate*

Immediate *Concussion of brain* How long *1*

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of *Coroner*  
*John J. Grossman*  
*Coroner, Md*

Accidentant *Yes*

Percy  
J. F. & W. Co

Name  
in  
Full

*True Scott Zieher*

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Amherst</i>		County <i>Allegheny</i>		MARYLAND	
Date of death	1909	Month	Oct	Day	18
Age		25		Months	—
Sex		male		Color or Race	white
Occupation		none		Birthplace	Ind
Married, Single or Widowed		single		Where Residing if not at place of death	
Name of Wife or Husband		—			
Father's Name		<i>Mr. Zieher</i>		Father's Birthplace	
Mother's Maiden Name		<i>Annio L. Hambright</i>		Mother's Birthplace	
Name of person giving Information		<i>son Zieher</i>		How related to deceased	
				<i>Father</i>	

CAUSES OF DEATH

69

PHYSICIAN  
OR CORONER

Primary	<i>Epilepsy</i>	How long	<i>years</i>
Immediate	<i>Suffocation</i>	How long	<i>immediate</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
		<i>Coroner</i>	
		Address	
		<i>John L. Dressman</i>	
		<i>Crusby, Md.</i>	

*Accident or Suicide*

